

Name  
in  
Full

Julia Annes.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age		Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Name of Person giving Information			
Father's Name	Name of Person giving Information				Father's Birthplace
Mother's Maiden Name					Mother's Birthplace
Name of person giving information					How related to deceased

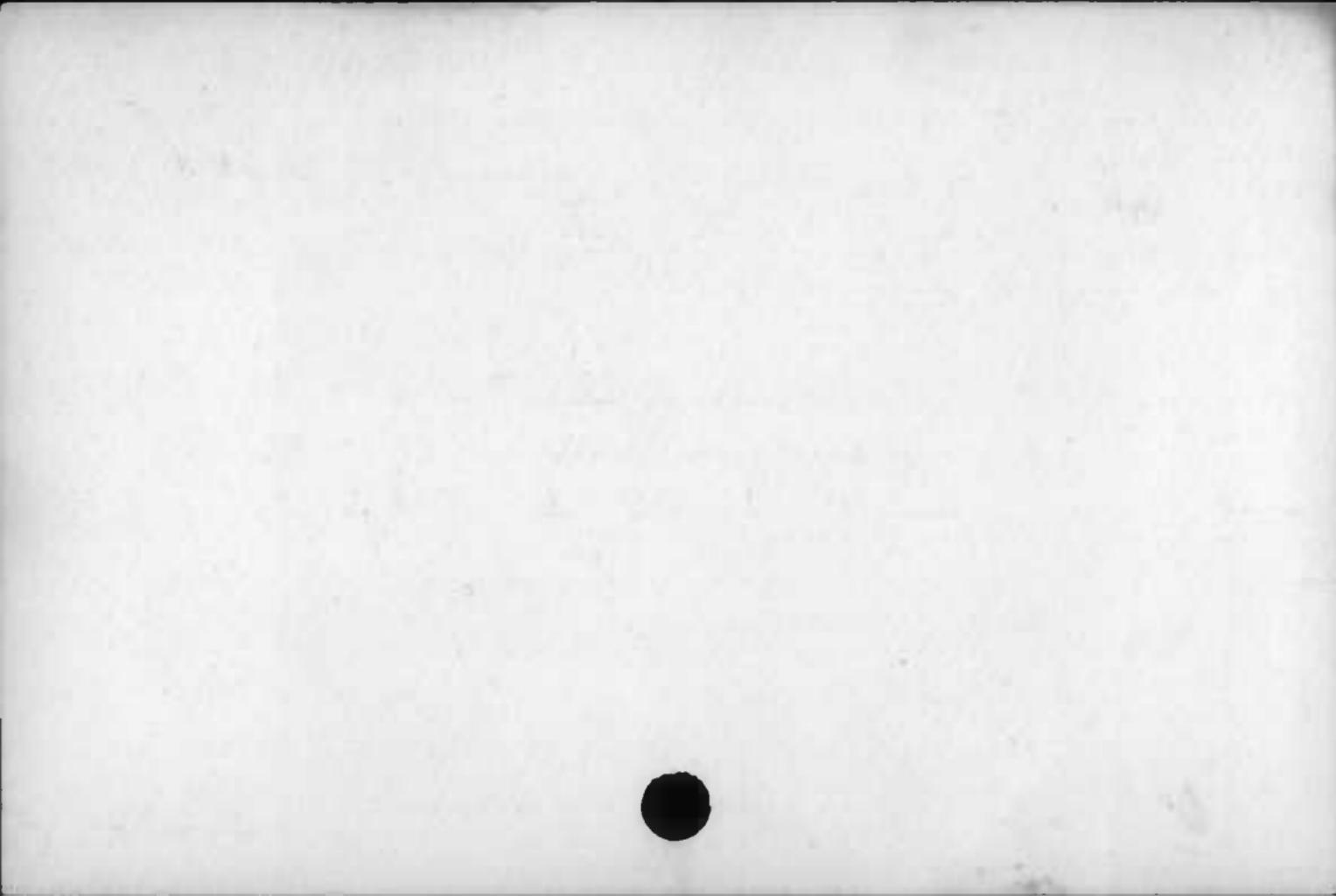
8

79

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Heart Disease Nitrate Regurgitation		How long
Immediate	Asthma		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address
Yes		E.W. Leyde M.D. Baltimore Md.	
Accident or Suicide?		J.C. 1	



Name  
in  
Full

Edward Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Blenheim</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death <u>1908 Nov.</u>	Month	Day <u>2</u>	Years	Age <u>12</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Balto. Co. Md.</u>				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name <u>Charles Anderson</u>	Father's Birthplace <u>Maryland</u>					
Mother's Maiden Name <u>Nellie Hollis</u>	Mother's Birthplace <u>Maryland</u>					
Name of person giving Information <u>Frank Brice</u>	How related to deceased <u>None</u>					

CAUSES OF DEATH

Primary

Typhoid Fever

(1) How long

Three weeks

Immediate

" "

How long

" "

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John S. Green

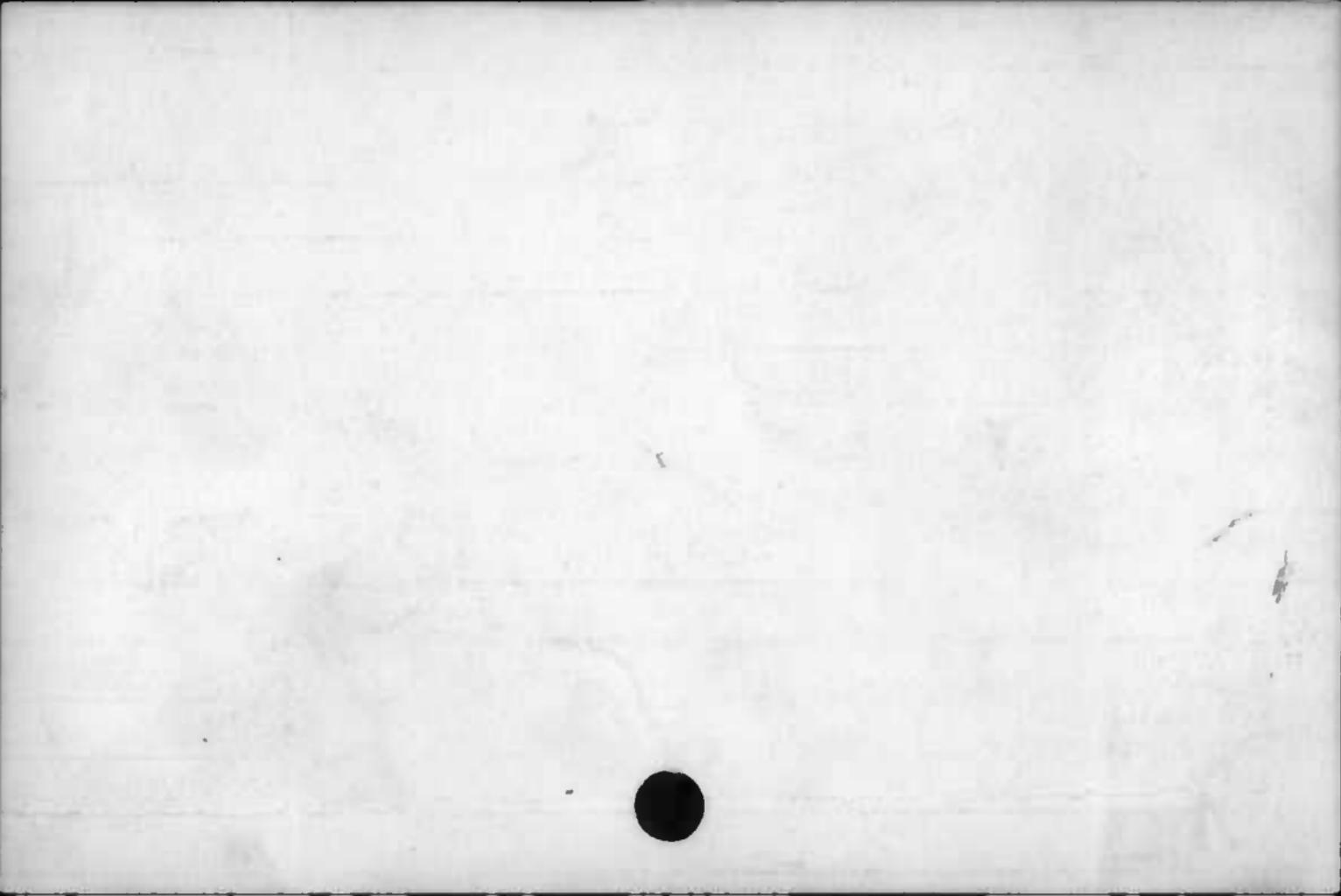
Gittings, Md.

J

Accident or Suicide?

10th District

10



Name  
in  
Full

George John Arnold

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Baltimore	County	MARYLAND	
Date of death	Month	Day	Age	Years	Months Days
Sex	Color or Race	White	Birth-place	Baltimore	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	at place of death			
Father's Name	John Arnold				
Mother's Maiden Name	Johanna Christina Younger				
Name of person giving Information	Marie M. Tuck				

CAUSES OF DEATH

159

PHYSICIAN  
OR CORONER

Primary

Pistol shot wound

How long



Immediate

Pistol shot wound

How long



Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Frank A. Bond

Address

Coroner

8

Accident or Suicide?

Suicide

Violetville

13

John Cowan  
Balld. Cemetery.

Name  
in  
Full

Jesse Garker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Mary Garker			
Father's Name	I do not know.				
Mother's Maiden Name	Margaret (I do not know)				
Name of person giving information	Elmer E. Garker				

CAUSES OF DEATH

81

PHYSICIAN  
OR CORONER

Primary

Arterio-sclerosis

How long

About two years

Immediate

Asthma

How long

About one month

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

yes.

Address

William J. Ford  
Washington Ma

8

Accident or Suicide?

Horace Burger  
3631 Falls Road  
Baltimore Md

St. Mary's Cemetery

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

						CERTIFICATE OF DEATH	
Died at <u>Baltimore</u> Town			County <u>Baltimore</u>			MARYLAND	
Date of death <u>1908</u>	Month <u>Nov.</u>	Day <u>8</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>4</u>	
Sex <u>Male</u>	Color or Race <u>Col</u>	Birth-place <u>Md</u>					
Occupation <u>wife</u>	Where Residing if not at place of death <u>Baltimore</u>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>not married</u>						
Father's Name <u>Charles E. Banks</u>	Father's Birthplace <u>Md.</u>						
Mother's Maiden Name <u>Emily Brady</u>	Mother's Birthplace <u>Md.</u>						
Name of person giving Information <u>Chas. E. Banks</u>	How related to deceased <u>Father</u>						
CAUSES OF DEATH							
Primary	<u>Congenital disability</u>						
Immediate	<u>Convulsions</u>						
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		How long			
<input checked="" type="checkbox"/> <u>X</u>		<u>J. Goy et al. M.D.</u>		<u>4 days</u>			
				<u>12 hrs</u>			
Accident or Suicide? <u>No</u>							

John Burns Sons

Sandys Bottlers  
confectioners

Townson

Name  
in  
Full

Mary Barber

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

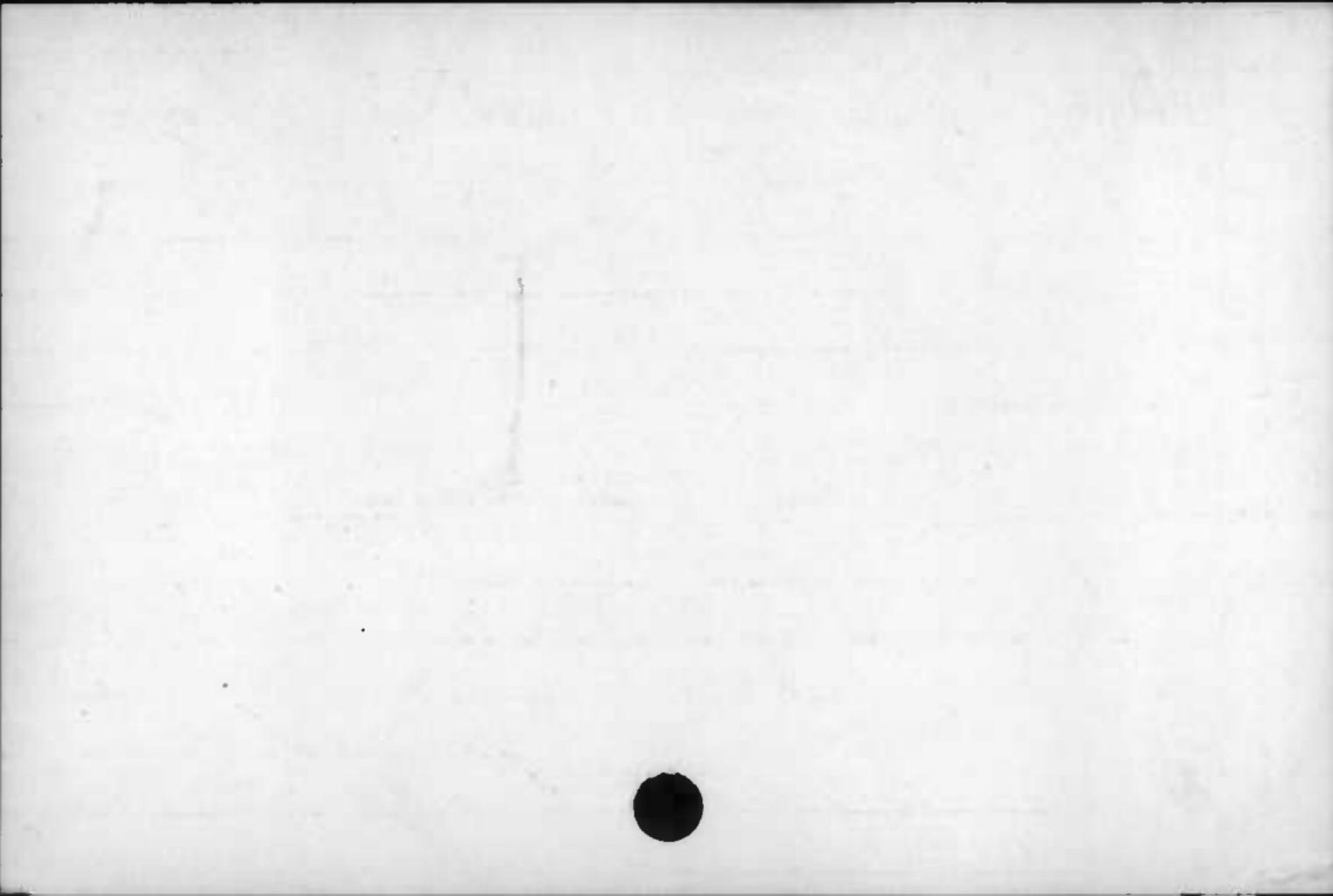
Died at		Town	County	MARYLAND		
Died at	St. Agnes Hospital	Baltimore				
Date of death	1908	Month Nov.	Day 13 <sup>th</sup>	Age 21	Years	Months
Sex	Female	Color or Race	White	Birth-place	Baltimore	
Occupation	Reseeker	Where Residing if not at place of death			St. Agnes Hospital	
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	James C. Barber	Father's Birthplace	Virginia			
Mother's Maiden Name	Maurie E. McNamee	Mother's Birthplace	New Jersey			
Name of person giving Information	Maurie E. Barber	How related to deceased	Mother			

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Pulmonary tuberculosis	How long	1 year
Immediate	Exhaustion	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	S Paudock MD
J		Address	St. Agnes Hospital Baltimore
Accident or Suicide?			



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Suey F. Birmingham

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Pleasant Hill Baltimore

Date of death 1908 Month Nov

Day

23

Years

26

Months

Days

Age

Color or Race

white

Birth-place

Baltimore Co Md

Sex Female

Occupation

House wife

Where Residing if not  
at place of death

Married, Single

Widowed

Name of Wife or Husband

Louis Birmingham

Father's Name

Milton F. Hunt

Father's Birthplace

Baltimore Co Md

Mother's Maiden Name

Annie F. Sloffer

Mother's Birthplace

Baltimore Co Md

Name of person giving Information

Milton F. Hunt

How related to deceased

Flatmate

CAUSES OF DEATH

47

How long

about 15 -

How long

sea instantly

Primary

Pneumonia

Immediate

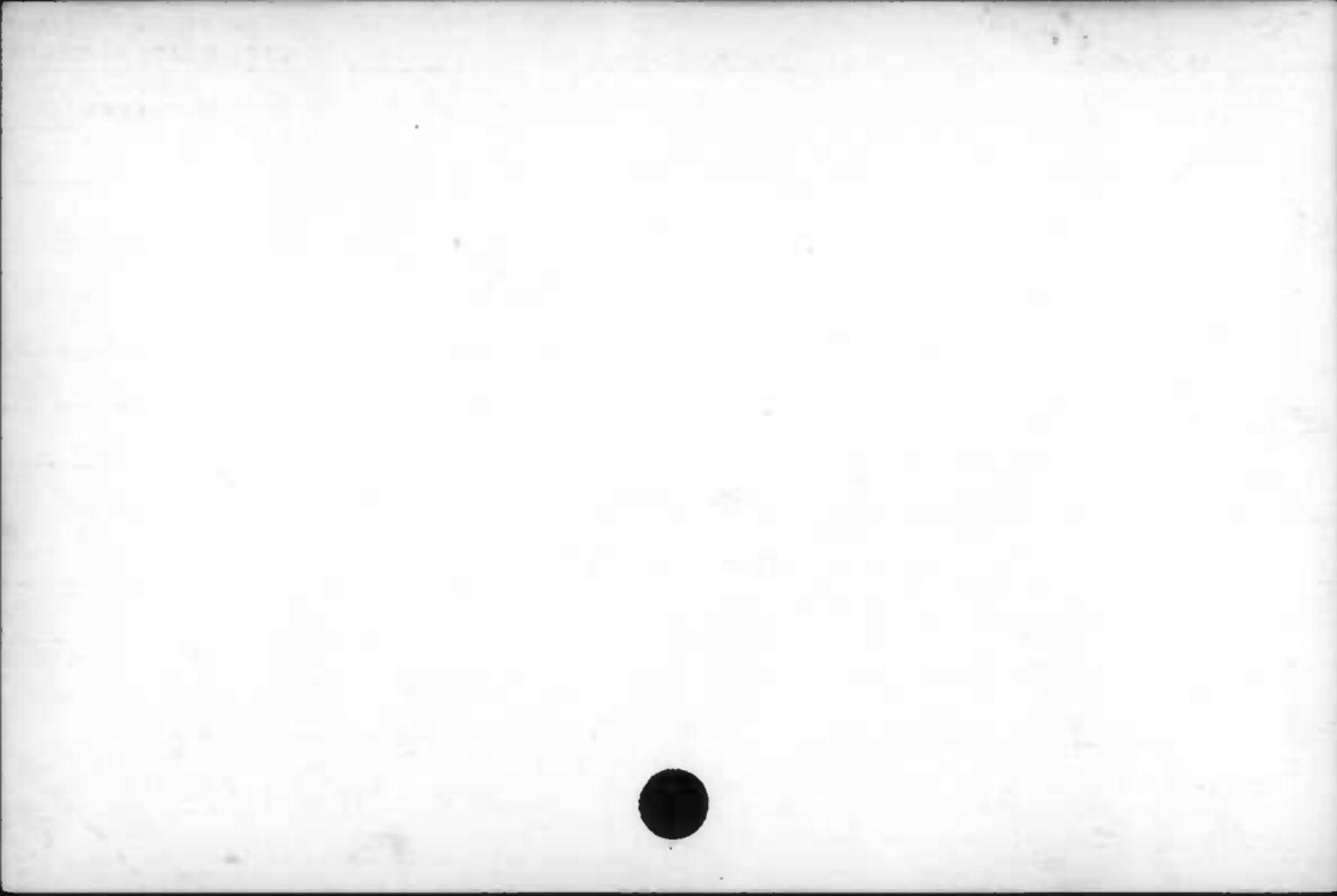
Heart disease

Signature of Physician

Address

W.H. Campbell  
Loring Mills. Md.

Accident or Suicide



Name  
In  
Full

To BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Joshua Rivers

County  
Baltimore

MARYLAND

Died at Excelsior

Date  
of death 1908 Month Nov

Day 11

Age 2 Years

Months

Days

Sex Male

Color or  
Race

white

Birth-  
place

Baltimore Co Md

Occupation

None

Where Residing if not  
at place of death

Married, Singla  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Percy Rivers

Father's  
Birthplace

washington Co

Mother's  
Maiden Name

Deborah R Sheller

Mother's  
Birthplace

Baltimore Co Md

Name of person giving  
Information

Percy Rivers

How related  
to deceased

Father

## CAUSES OF DEATH

61

About six  
months

About 2  
days

Primary

Stercus

Immediate

Cerebro Spinal Meningitis

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

W H Campbell

Address

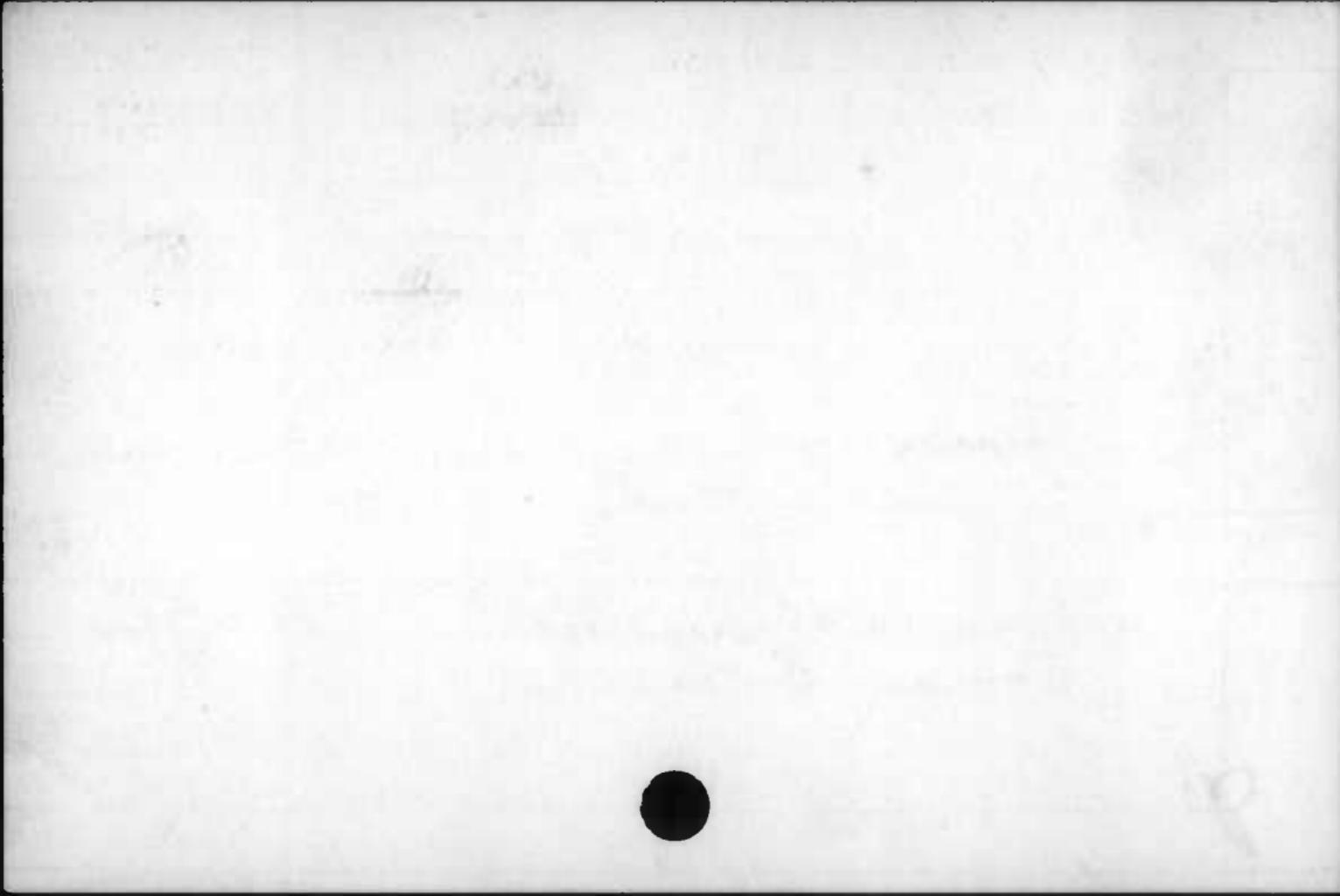
Orange Mills Md

of

Accident or Suicide?

2nd District

3



Name  
in  
Full

Andrew Lokie Black.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Lutherville</u>		Town.	County <u>Baltimore</u>	MARYLAND	
Date of death <u>1908</u>	Month <u>Nov.</u>	Day <u>17</u>	Years <u>Age 67</u>	Months <u>2</u>	Days <u>24</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Jedburgh Scotland</u>			
Occupation <u>Florist &amp; Nurseryman</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Amelia Turnbull Black</u>	Father's Birthplace <u>Jedburgh Scotland</u>			
Father's Name <u>Andrew Lokie Black</u>	Mother's Birthplace <u>Kelso Scotland</u>				
Mother's Maiden Name <u>Amelia Turnbull</u>	How related to deceased <u>Son</u>				
Name of person giving information <u>George A. Black</u>					
CAUSES OF DEATH					
Primary <u>Chronic Nephritis - Bright's</u>	How long <u>120</u> days				
Immediate <u>Gone - Exhaustion</u>	How long <u>35 hours</u>				
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>D. Gibbons Frank M.D.</u>			
		Address <u>Lutherville Md.</u>			
Accident or Suicide? <u>9</u>					

chas F Evans  
118 Mt Royal ave

Soudan Park  
Cans.

Name  
in  
Full

Jane Chambers Blacklock

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Town	County		MARYLAND		
Died at Denmore Park	Baltimore				
Date of death 1908 November 3	Month	Day	Years	Months	Days
Sex Female	Color or Race	White	Age 60	Birthplace 87 Louis St	10 3
Occupation Housewife	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband	allan R Blacklock			
Father's Name Julian Audrey	Father's Birthplace Lancaster Pa				
Mother's Maiden Name Alice C White	Mother's Birthplace Cambridge Md				
Name of person giving information	How related to deceased				
Audrey R Blacklock	Son				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

apoplexy

64

How long

1 day

Immediate

asthma

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Flora Pallack  
112 Mt Royal Ave

Accident or Suicide?

L. F. Philbin

1711 Highland Avenue

Greenmount  
Cemetery  
Baltimore

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mary Ellen Blakney,  
Town Hedgesville      County Baltimore

MARYLAND

Died at Hedgesville      Date of death 1908 Mar Month 16 Day Years Age Months no Days no

Sex female      Color or Race colored Birth-place Carroll co. Md.

Occupation none Where Residing if not at place of death Hedgesville

Married, Single or Widowed wedded Name of Wife or Husband William H. Blakney

Father's Name Fred Blakney

Father's Birthplace Carroll co. Md.

Mother's Maiden Name unknown

Mother's Birthplace unknown

Name of person giving Information

Geo W. Blakley

How related to deceased Son

## CAUSES OF DEATH

170

Immediate: Primary

Exposure (to cold)

How long

1 month.

Primary: Immediate

cardiac asthma (dropy)

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Physician

out women

med 13

This woman was insane.

Accident or Suicide?

Wt Auburn  
Geo Hooker

Name  
in  
Full

Isabel Bond

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Cockapills,

Town

County

Baltimore

MARYLAND

Date of death 1908

Month Nov

Day 27

Age 75

Years 75

Months 3

Days 18

Sex Female

Color or Race

White

Birth-place

Lancaster Pa

Occupation

Housewife

Where Residing if not  
at place of death

Married, Single  
or Widowed

widow

Name of Wife or Husband

Wife Bond

Father's Name

Samuel Shingars

Father's Birthplace

Unknown

Mother's Maiden Name

Mary Lynch

Mother's Birthplace

Unknown

Name of person giving information

Mrs Rosam Griffith

How related to deceased

Daughter

CAUSES OF DEATH

65

How long

2 years

How long

3 months

Primary

Seriously

Immediate

Inflammation of Softening of Brain

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

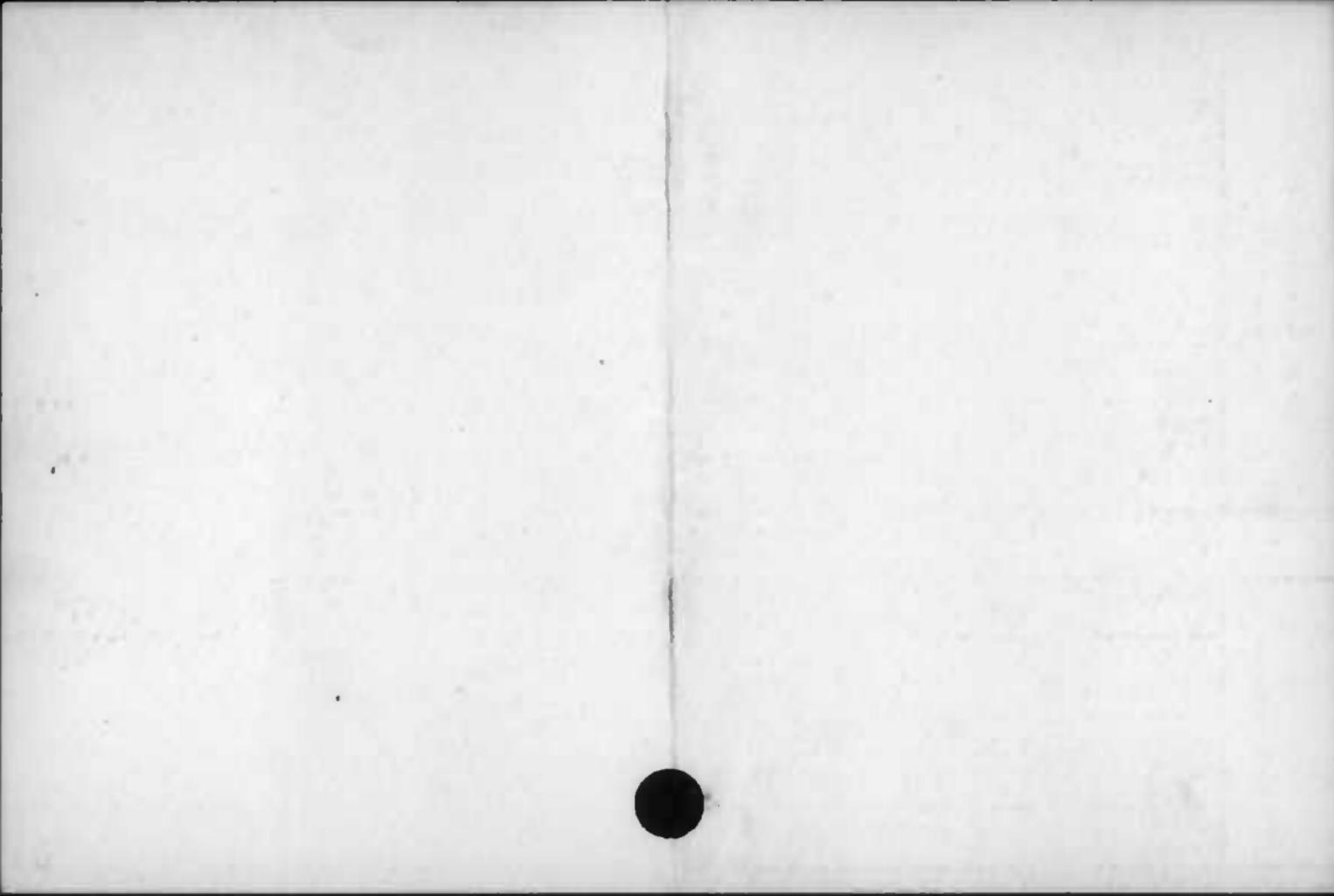
J. B. B. Pearson

Cockapills Md

Accident or Suicide?

Wallace

8



Name  
in  
Full

John Martin Bond

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Baltimore			MARYLAND
Died at	Glyndon	County		
Date of death	Month	Day	Years	Months Days
1908	Nov.	27	Age about 72	
Sex	Male	Color or Race	White	Birth-place
Occupation	retired	Where Residing if not at place of death	Baltimore	Beckleysville
Married, Single or Widowed		Name of Wife or Husband	Elizabeth	
Father's Name	William Bond	Father's Birthplace	Not Known	
Mother's Maiden Name	Not Known	Mother's Birthplace	Not Known	
Name of person giving Information	Son & Daughter	How related to deceased	Son & Daughter	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Kidney Disease

120

How long

Immediate

Heart Disease

about 2 years

How long

Are the name, age, sex, color, date and place correctly given above?

8

Yes

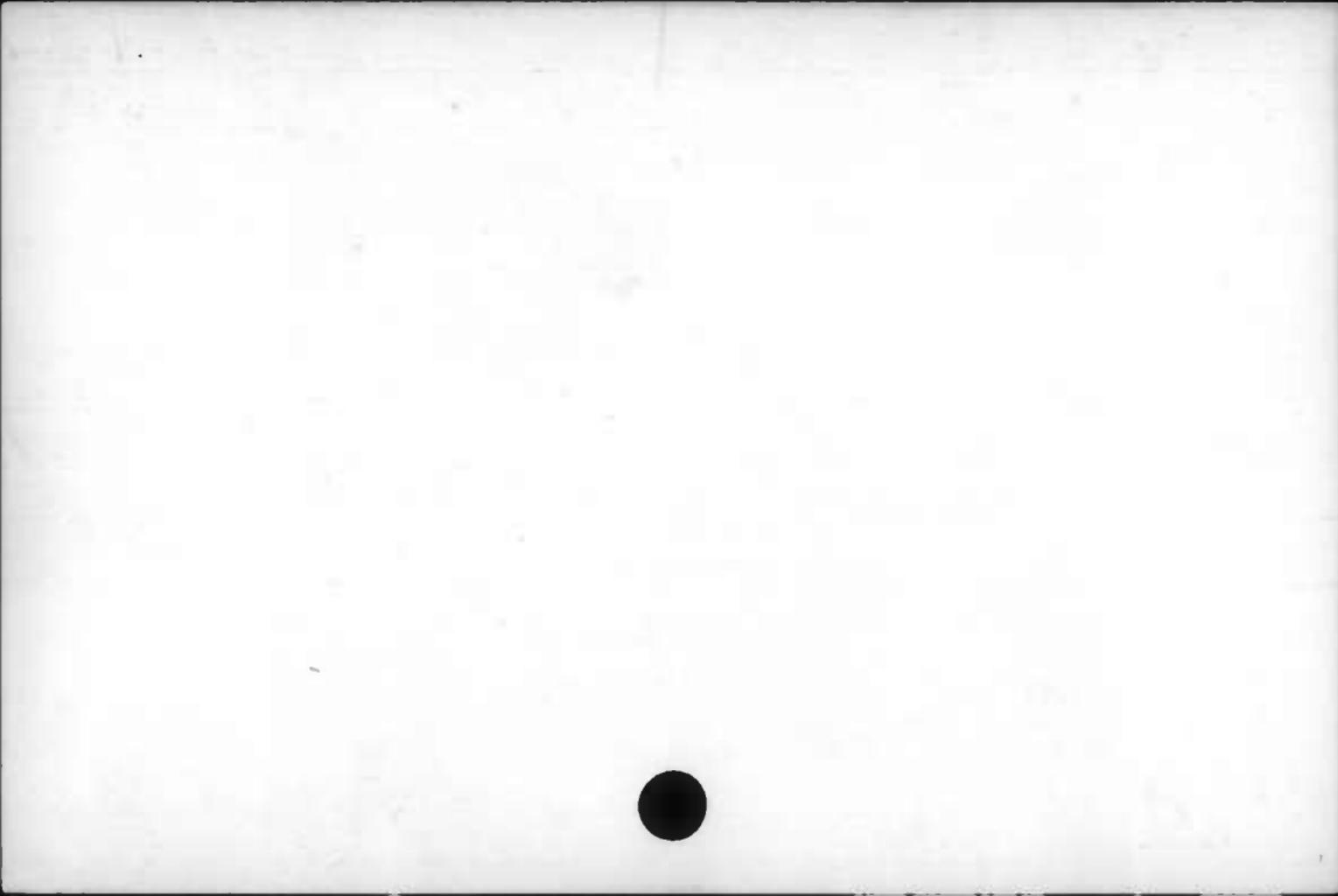
Signature of Physician

Address

J. W. White  
Glyndon, Md.

Accident or Suicide

No



Name  
in  
Full

George Henry Bouldin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	64	5	13.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Margaret E. Bouldin			
Father's Name	Henry Bouldin				
Mother's Maiden Name	Jane Stroebel				
Name of person giving information	George F. Bouldin				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Aortic Incompetency

Immediate Sores of Compensation

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Accident or Suicide?

Neither

79

How long

3 years.

How long

2 weeks.

760 Jessup  
Govans. Md.

9

Jos. R. Cook, Undertaker  
1003 W Balco St

London Park Cemetery

Thursday Nov 12/08

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Bradie Tui Bony  
Town County  
Granity Baileys

CERTIFICATE OF DEATH

MARYLAND

Died at Gramity Month Day Years Months Days  
Date of death 1908 Nov 22 Age — — —

Sex female Color or Race white Birth-place Gramity Ind  
Occupation — Where Residing if not at place of death Same

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Anna Bradie

Father's Birthplace Hall

Mother's Maiden Name Rosa Bradie

Mother's Birthplace Stark

Name of person giving information Anna Bradie

How related to deceased Father

CAUSES OF DEATH

Primary

Ditatched Placenta

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

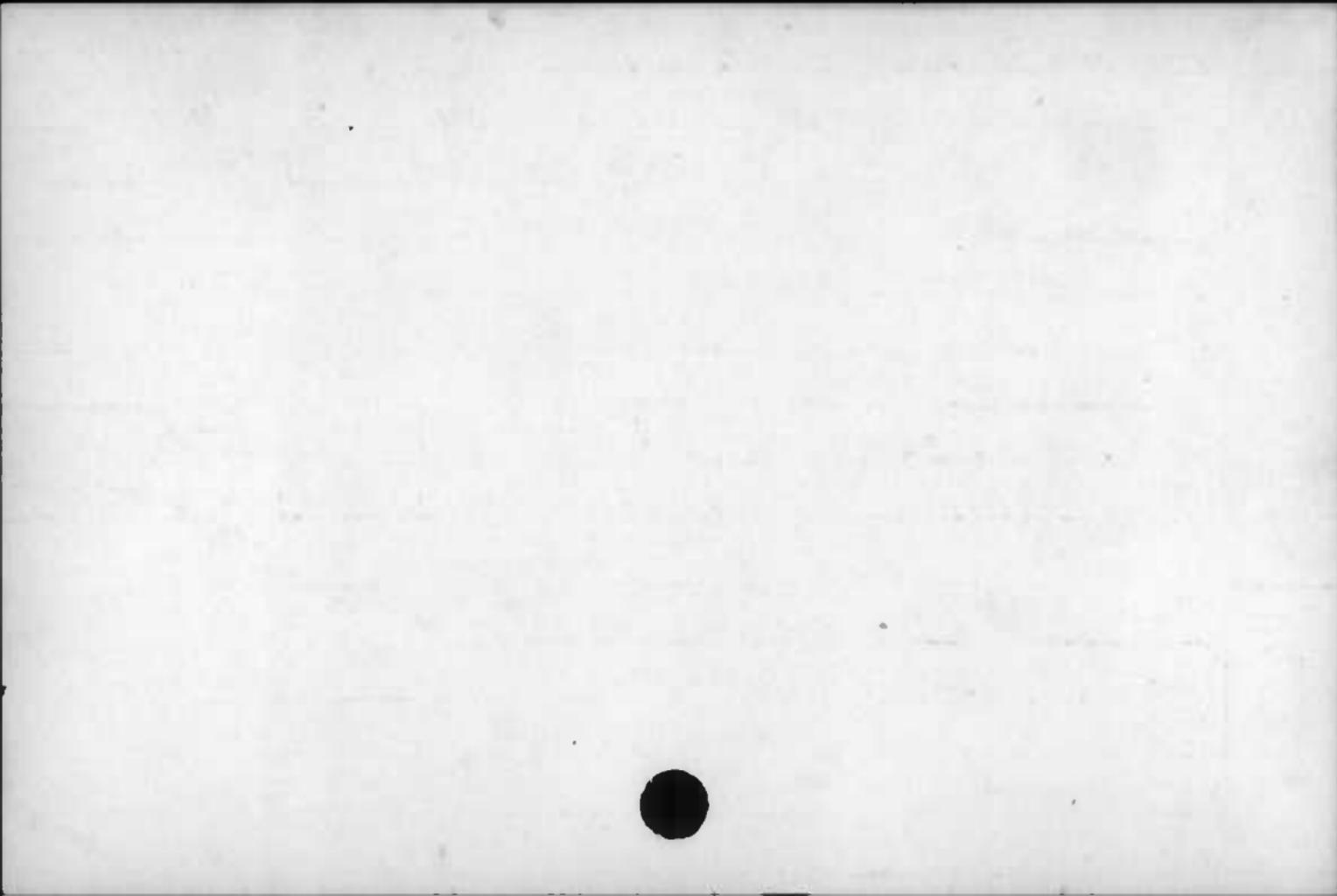
yes

Signature of Physician

Address

A. J. Thompson  
Gramity Ind  
2nd District

Accident or Suicide? —



Name  
in  
Full

William Keith Brooks

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Brightside			
Father's Name	Amelia Schulz Brooks				
Mother's Maiden Name	Oliver Allen Brooks				
Name of person giving Information	Ellenora Kingsley				
	Charles E. Brooks				

CAUSES OF DEATH

120

How long

PHYSICIAN  
OR CORONER

Primary

Chronic hepatitis

Immediate

Organic heart disease

How long

Some results

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Frank G. Steele

1126 Calvert Street

Baltimore 9

ye.

No

Accident or Suicide?

Stewart & Wren Co.  
Funeral Directors  
215 Park Ave.

for interment in  
Prospect Hill Cemetery  
November 14<sup>th</sup> 1908.  
Dowson Md

Name.  
in  
Full

Will M. Bryan

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Corbett		Town	County Baltimore.		MARYLAND	
Date of death	1908	Month Nov.	Day 30	Age 64	Years	Months Days
Sex Female	Color or Race white	Birth-place Baltimore Md.				
Occupation Housewife	Where Residing if not at place of death					
Married, Single Widowed	Name of Wife or Husband Charles H. Bryan					
Father's Name Daniel Alder	Father's Birthplace Baltimore Md.					
Mother's Maiden Name Rachel Stevenson	Mother's Birthplace Baltimore Md.					
Name of person giving information Emma Prosser	How related to deceased Sister					

CAUSES OF DEATH

120

How long

1 yr

How long

4 days

PHYSICIAN  
OR CORONER

Primary

Sephilitis

Immediate

Coma

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

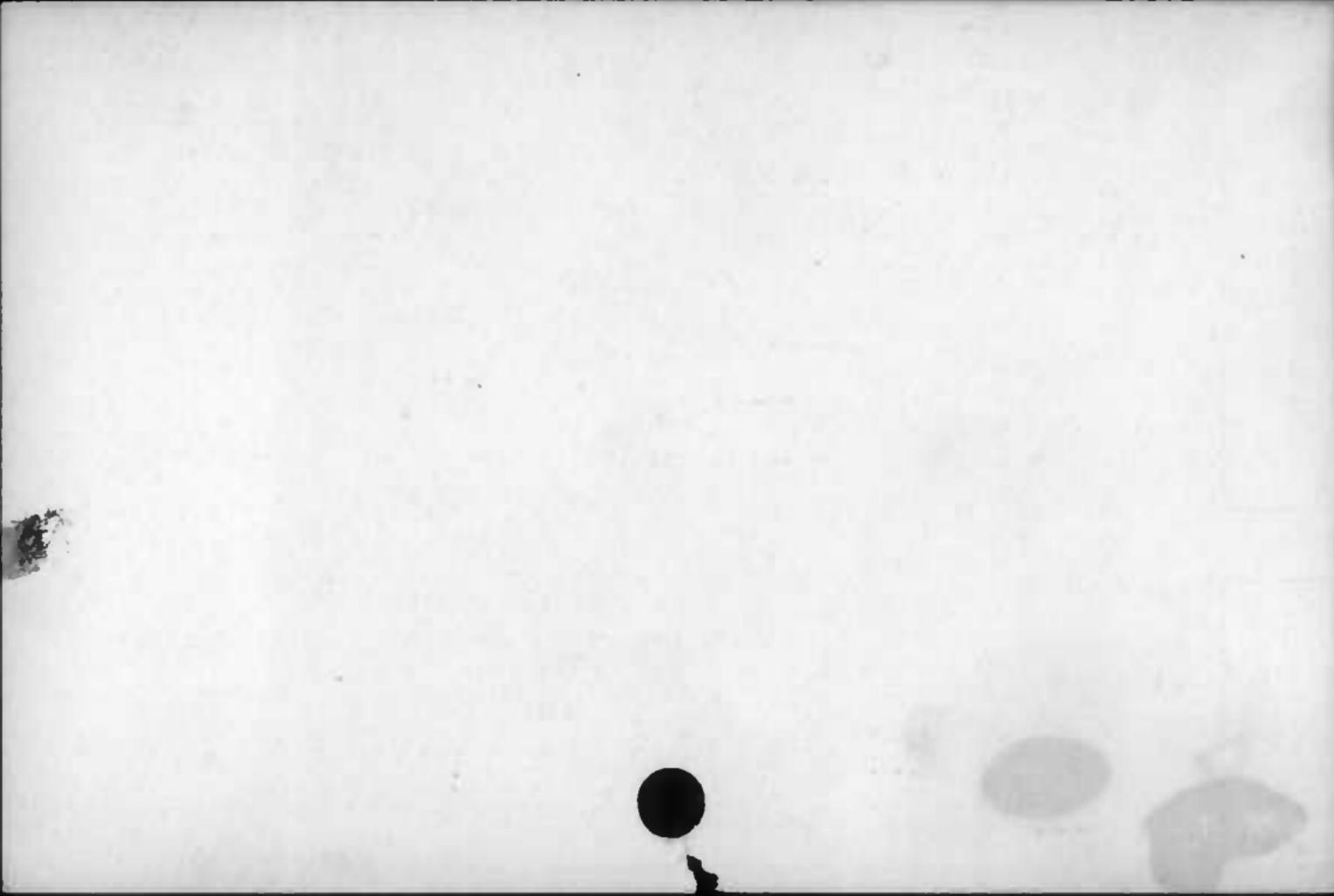
J. Ross Payne

Corbett

Md. 8

Accident or Suicide?

No



Name  
in  
Full

Robert Vachel Buckingham

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908 Nov.	25		Age	1	28	
Sex	male	Color or Race	white	Birth-place	Reisterstown	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Pierce Buckingham					
Mother's Maiden Name	Bertha Irene Aaron.					
Name of person giving information	Mrs. C. Buckingham					
How related to deceased Mother.						

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary

Marasmus

How long

1 mo.

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. M. Slade  
Reisterstown

8  
Accident or Suicide?



Name  
in  
Full

Benjamin S. Buckley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Mt. Washington Baltimore</u>		County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1908 November	14	"	42	1	10	
Sex	Male	Color or Race	White	Birth-place	Balto. Co. Md.	
Occupation	House-Painter	Where Residing if not at place of death			~~~~~	
Married, Single or Widowed	Single	Name of Wife or Husband	~~~~~			
Father's Name	Earlum Buckley			Father's Birthplace	Balto. Co. Md.	
Mother's Maiden Name	Kleen M. Southerland			Mother's Birthplace	Balto. Md.	
Name of person giving Information	Mrs. Kleen M. Buckley			How related to deceased	Mother.	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Multiple sclerosis

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

D

Accident or Suicide?

Signature of Physician

Address

63

How long

About 2 years

How many months

1 year

190 Maryland Ave.  
7th District

Henry W. Mears & Son

Greenmount Cemetery

Name  
in  
Full

Walter G. D. Burman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death			Rasphburg	
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Wm E. Burman	Father's Birthplace			Maryland
Mother's Maiden Name	Agnes Grover	Mother's Birthplace			"
Name of person giving information	Agnes Grover Burman	How related to deceased			Mother

CAUSES OF DEATH

47

How long

9 days

How long

2 days

Primary

Acute Inflammatory Rheumatism

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr W H Claytor

Overled

W H 14

Accident or Suicide?

80

Yes

Family Lot

Name  
in  
Full

Arthur S. Carneau

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Newford</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Nov</u>	Day <u>8</u>	Years <u>61</u>	Age <u>61</u>	Months <u>8</u>	Days
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Pennsylvania</u>				
Occupation <u>Clerking</u>	Where Residing if not at place of death <u>Sarah E. Carneau.</u>					
Married, Single or Widowed	Name of Wife or Husband <u>Sarah E. Carneau.</u>	Father's Birthplace <u>Pennsylvania</u>				
Father's Name <u>Nathaniel Carneau</u>	Mother's Maiden Name <u>Henrietta Meeds</u>	Mother's Birthplace <u>Pennsylvania</u>				
Name of person giving information <u>Sarah E. Carneau</u>	How related to deceased <u>wife</u>					

CAUSES OF DEATH

Primary

Neuralgia

80

How long

24 hours

Immediate

Angina Pectoris

How long

a few moments

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

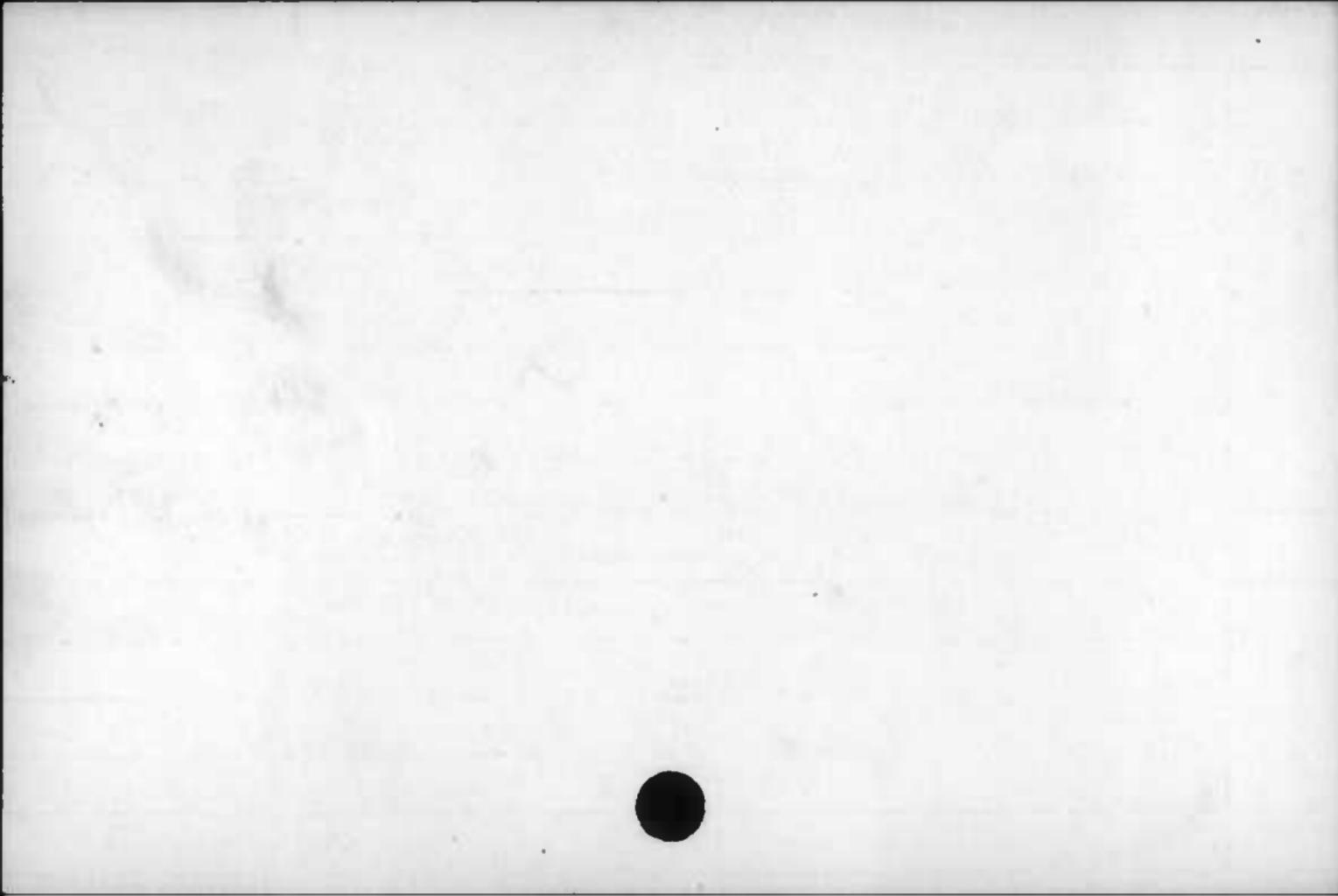
Address

A. C. Mitchell

Mouskow.

MD

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Grace O' Barr

CERTIFICATE OF DEATH

Town

Died at Near Burkleyville

County

Ballo

MARYLAND

Date  
of death 1908

Month 11

Day 10

Age

Years 26

Months 1

Days 21

Sex Female

Color or  
Race

Is life -

Birth-  
place

Foreston Md

Occupation

School-Teacher

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

James H Carr

Father's  
Birthplace

Md

Mother's  
Maiden Name

Rachel Famous

Mother's  
Birthplace

Pa

Name of person giving  
Information

Rachel Carr

How related  
to deceased

Mother

CAUSES OF DEATH

1

How long

2 weeks

Primary

Relaps Typhoid Fever

Immediate

Heart Failure

How long

36 hrs

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

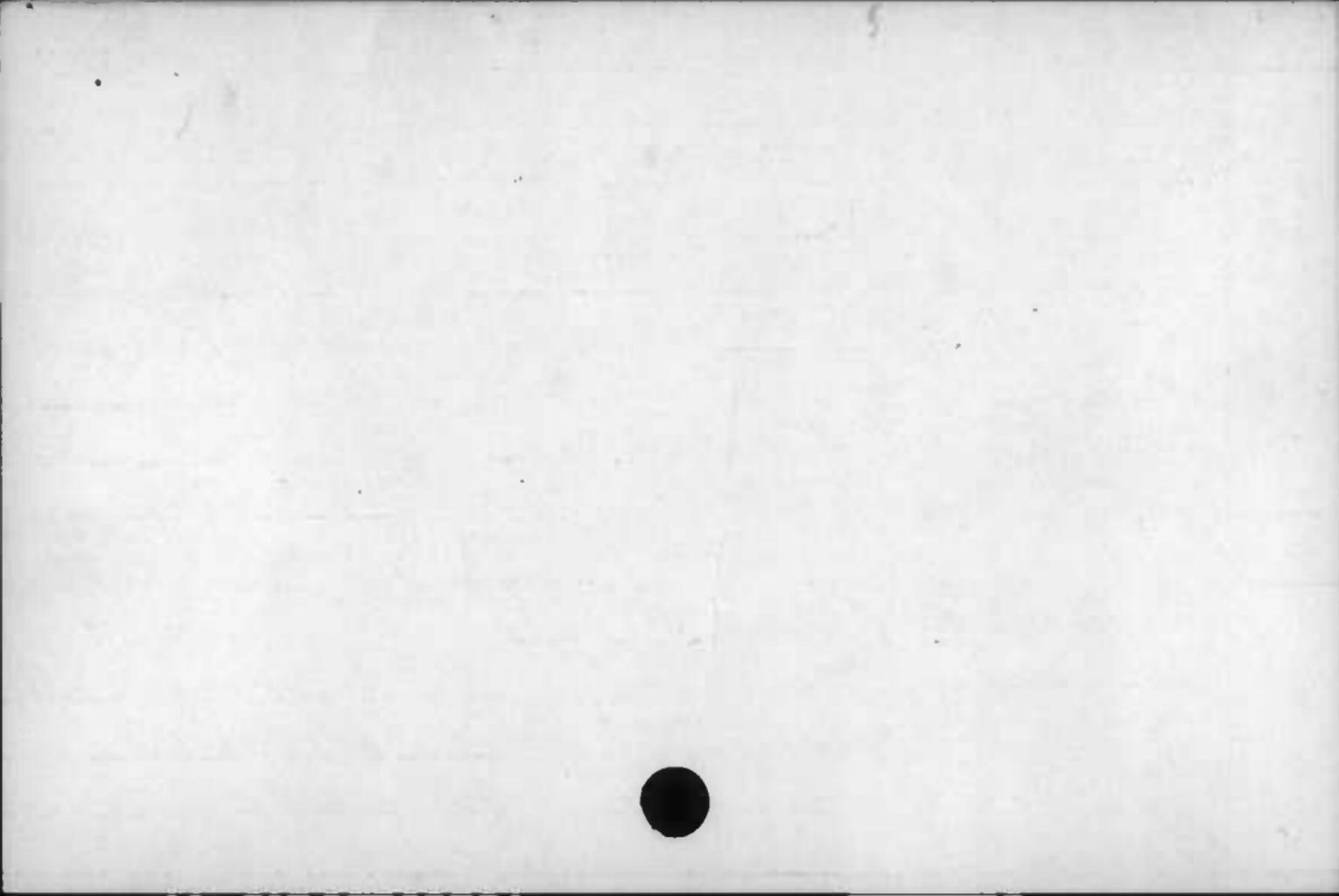
Dr S.H. Rash

Address

Hampstead

md. 5

Accident or Suicide?



Name  
in  
Full

John D. Cavery

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Mary A. E. Cavery			
Father's Name	Henry Cavery				
Mother's Maiden Name	Sallie Howley				
Name of person giving Information	Mary A. E. Cavery				

CAUSES OF DEATH

(66)

PHYSICIAN  
OR CORONER

Primary

Paralysis

How long

~

Immediate

4 days

Are the name, age, sex, color, date and place correctly given above?

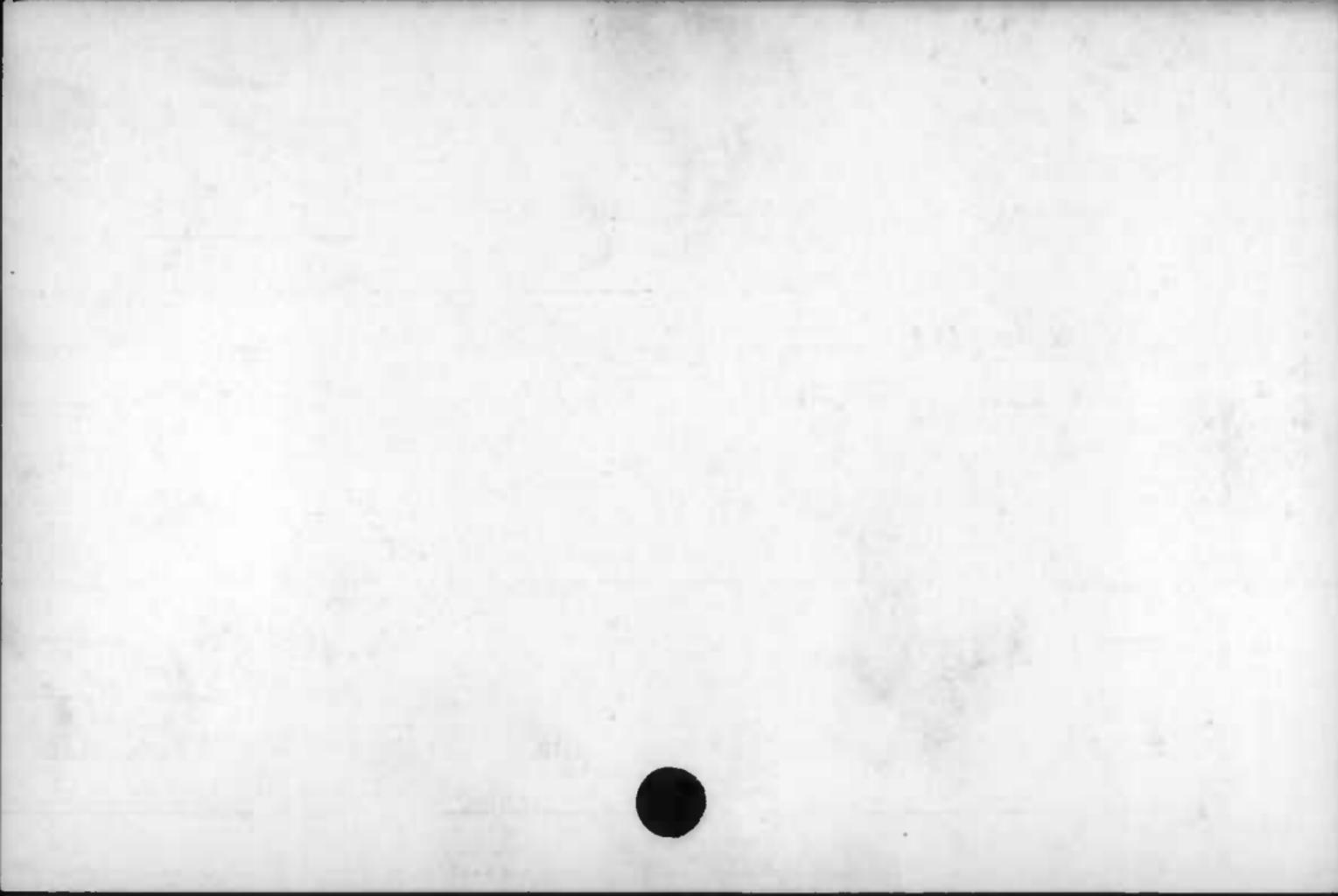
Yes

Signature of Physician

Address

J.W.B. Rogers and  
Ulmer City, MD

Accident or Suicide?



Name  
in  
Full

Flor Chaser X

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <b>Texas</b>		Town	County <b>Baldo,</b>	CERTIFICATE OF DEATH	
Date of death <b>1908</b>	Month <b>Mar</b>	Day <b>8</b>	Age <b>About 70</b> years	MARYLAND	Days
Sex <b>male</b>	Color or Race <b>Negro</b>	Birth-place <b>Dont know</b>			
Occupation <b>labour</b>	Where Residing if not at place of death <b>Texas Md.</b>				
Married, Single or Widowed <b>Singl</b>	Name of Wife or Husband <b>Wm</b>	Father's Name <b>Bob Brown</b>	Father's Birthplace <b>Dont know</b>		
Mother's Maiden Name <b>" "</b>		Mother's Birthplace <b>Dont know</b>			
Name of person giving Information <b>Israel Tucker</b>	How related to deceased <b>None</b>				

CAUSES OF DEATH

27

How long

**3 or 4 yrs**

How long

**10 days**

Primary

**Pulmonary Tuberculosis**

Immediate

**acute dilatation of Heart and Pneumonitis**

Are the name, age, sex, color, date and place correctly given above?

**Yes**

Signature of Physician

**D. F. Bussey M.D.**

Address

**Texas Md.  
8th District**

**8**

Accident or Suicide?

Funeral at Froot's  
Chapple. Cockeyville.  
Tuesday Nov 10<sup>th</sup>

H. C. Brooks,

Name  
in  
Full

Lewis C Chesley -

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death 1908	Month Nov	Day 35	Years 53	Months —	Days —
Sex male	Color or Race Colored	Birth-place St Marys Md			
Occupation Laborer	Where Residing if not at place of death No				
Married, Single or Widowed Married	Name of Wife or Husband Sarah Chesley	Father's Birthplace Unknown			
Father's Name —	Mother's Maiden Name —	Mother's Birthplace Unknown			
Name of person giving information Lewis Chesley	How related to deceased Son				

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

Four months

Immediate —

How long

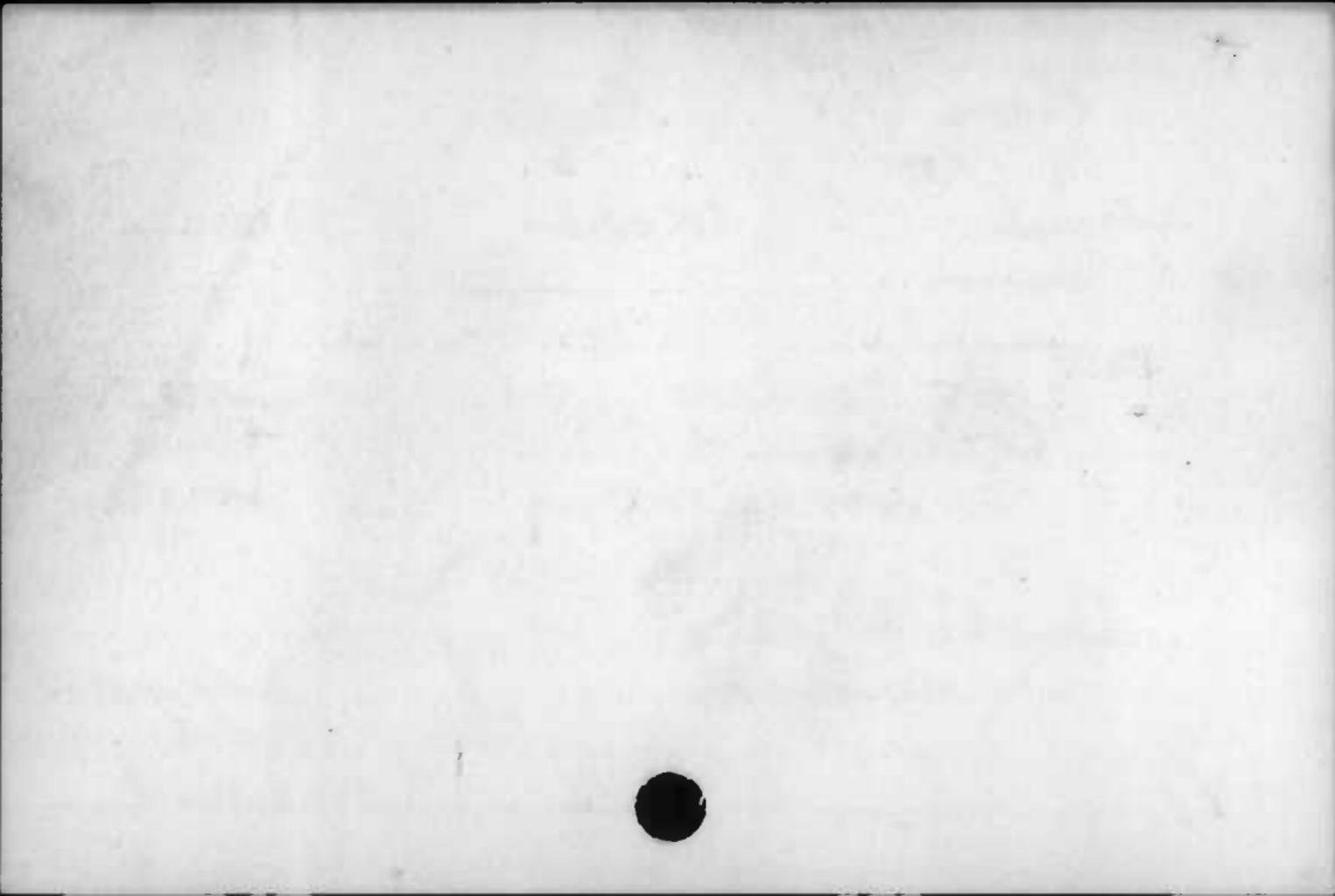
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John D. Quinn  
1519 N Fulton Av. Balt, Md.

Accident or Suicide? 3rd Bed sick



Name  
in  
Full

Lionia Cooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Baltimore		County	Maryland	
Died at	Month	Day	Age	Month	Days
Date of death	1908	Nov	28	9	18
Sex	Female	Color or Race	Colored	Birth-place	Baltimore Co
Occupation	Whara Reading if not at place of death				
Married, Single or Widowed	Infant		Name of Wife or Husband		
Father's Name	Jerry Cooper		Father's Birthplace Baltimore Co		
Mother's Maiden Name	Bell Griffith		Mother's Birthplace Baltimore Co		
Name of person giving Information	Jerry Cooper		How related to deceased Father		

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary Bright's Disease

120

How long

Immediate Warmer

?

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Jack Rock  
Edgewood  
Md

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

James S Couplin					CERTIFICATE OF DEATH		
Died at Lonley		Town	County Baltimore		MARYLAND		
Date of death 1908	Month 11	Day 22	Age 53	Years	Months	Days	
Sex Male	Color or Race Black	Birth-place Mary Land					
Occupation Lawyer	Where Residing if not at place of death						
Married, Single or Widowed Married	Name of Wife or Husband Elizabeth Couplin						
Father's Name Addison Couplin	Father's Birthplace Md						
Mother's Maiden Name Hotkum	Mother's Birthplace Washington						
Name of person giving information Joseph Couplin	How related to deceased Son						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Valvular heart disease		79	How long 2 years
Immediate	" " "		7 years	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Address	J. F. H. Grossuch Falls Md	
X				
Accident or Suicide?				

Intermittent luxury  
Lonely and

Name  
in  
Full

Franz Sahms

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	Nov	29	43	11	5
Sex	Male	Color or Race	White	Birth-place	Germany
Occupation	Cooper	Where Residing if not at place of death	821 Third St		
Married, Single or Widowed	Married	Name of Wife or Husband	Anne Sahms		
Father's Name	Ferdinand Sahms	Father's Birthplace	Germany		
Mother's Maiden Name	Wilhelmine Janeke	Mother's Birthplace			
Name of person giving information	Anne Sahms	How related to deceased	Son		

CAUSES OF DEATH

18

Primary

Erysipelas

How long

Zerebral

Immediate

Embolism Septicemia

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

C. V. Atter

Address

200 Hudson St

PHYSICIAN  
OR CORONER

8

Accident or Suicide?

No.

Yfleman -  
Lewis Yfleman -

32 S. Broadway

---

Oaklawn Cemetery -

Dec 1<sup>st</sup> / 08

---

Name  
in  
Full

Mary J Dell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			—
Married, Single or Widowed	Name of Wife or Husband	—		
Father's Name	Father's Birthplace			—
Mother's Maiden Name	Mother's Birthplace			—
Name of person giving information	How related to deceased			Husband

Dickeyville Baltimore  
1908 Nov 8 69 11 24  
Female White Ohio  
Housework —  
Married Nelson Dell  
Don't Know —  
Nancy Baker Md  
Nelson Dell Husband

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary

Hemiplegia & nephritis

How long

10 years

Immediate

Uremia

How long

4 days

Are the name, age, sex, color, date and place correctly given above?



Signature of Physician

Address

A. C. Dunn

Woodlawn 8a

Accident or Suicide?

Lorraine Cen  
Jest B. Cook

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Still Born Disney

CERTIFICATE OF DEATH

MARYLAND

Died at Govanstown Town County Balto.

Date of death 1908 Month Day Years Months Deys

Sex Female Color or Race white Birth-place Govanstown

Occupation — Where Residing if not et piece of death

Married, Single or Widewed Name of Wife or Husband

Fether's Name Oliver D Disney Father's Birthplace Balto city

Mother's Maiden Name Mary C Snoups. Mother's Birthplace Balto city

Name of person giving Information Mary C Disney How related to deceased Mother

CAUSES OF DEATH

Primary unknown How long —

Immediate Still Birth How long —

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician

Address

Barberfield  
Govanstown

Accident or Suicide neither.

Wm Cook  
502 E North ave  
Baltimore Cemetery  
November 6, 1808

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Stephan Dallman

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Jacob Dallman		Father's Birthplace		Anstrue	
Mother's Maiden Name	Rhoda Hunt		Mother's Birthplace		Wad	
Name of person giving Information	Jacob Dallman		How related to deceased		Fether	
CAUSES OF DEATH						
Primary	Spina Bifida		150		How long	
Immediate	Exsanguination		14 days		How long	

Are the name, age, sex, color, date and place correctly given above?

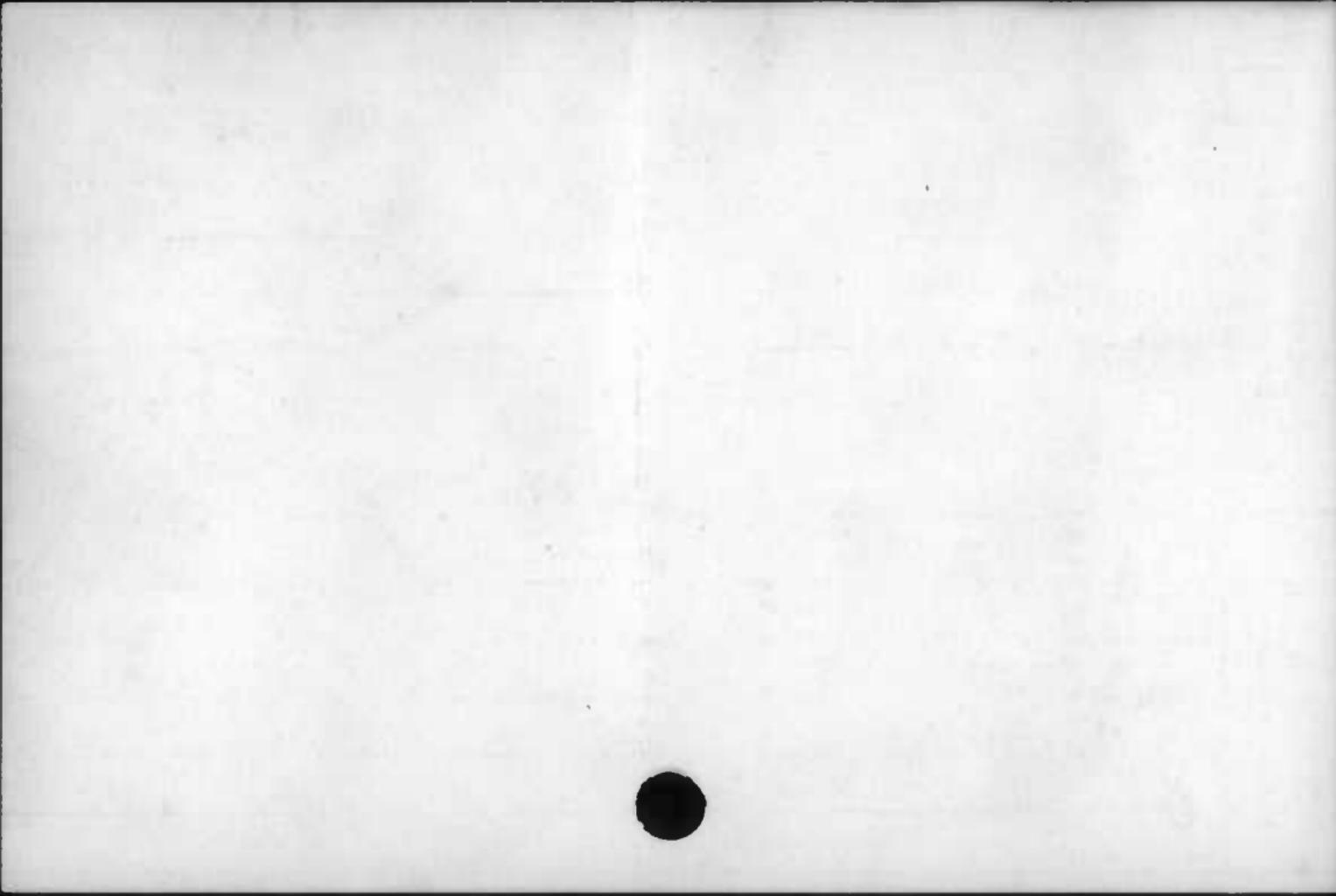
yes

Signature of Physician

Address

J. C. Elwood M.D.  
Spuria Saint

Accident or Suicide?



Name  
in  
Full

(Mrs) Margaret B. Doyle

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	White	Birth-place	Md	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Widow	Mr. B. Doyle	Lewes	
Father's Name	Jas. H. Evans	Father's Birthplace	D.C.		
Mother's Maiden Name	Eliza A. Parker	Mother's Birthplace	Del		
Name of person giving information	Wm. W. A. Springer	How related to deceased	Sister		

CAUSES OF DEATH

93

How long

7 days

How long

24 hours

Primary

Pneumonia

Immediate

Cardiac Asthma

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. Bayston Jr. M.D.  
Lewes Md.

Accident or Suicide?

E. A. Kidfield Jr  
2113 Grasmont Ave

Camden, N.J.

Name  
in  
Full

Mary Ender

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Rossnile	Baltimore		Month	Days
Date of death 1908	Month Mar	Day 11	Age	Years 4 "
Sax Female	Color or Race white	Birth-place Md		
Occupation —	Where Residing if not at place of death Rossnile			
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace Md		
Father's Name August Ender	Mother's Birthplace Md			
Mother's Maiden Name Adalda Foppler	Name of person giving Information Aug Ender	How related to deceased Daughters		

CAUSES OF DEATH

179

How long

PHYSICIAN  
OR CORONER

Primary

Hear failure to urinate

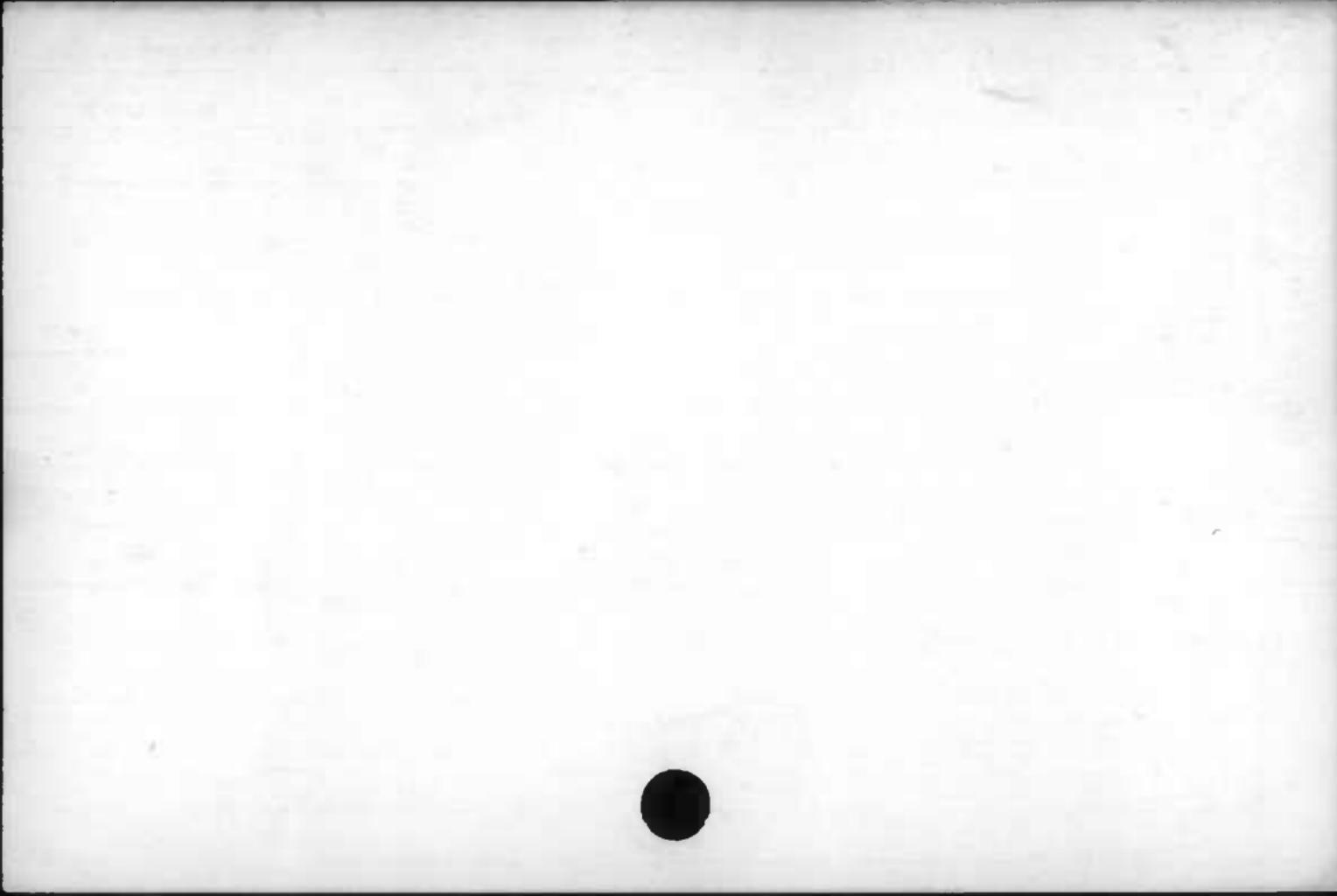
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name  
in  
Full

Florence Eagle

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Gorans town

Town Baltimore  
County

MARYLAND

Date of death 1908 Month Nov

Day 27

Age — Years —

Months 12

Days

Sex Female

Color or Race

white

Birth-place

Balto. County

Occupation —

Where Residing if not  
at place of death

Gorans town Tid

Married, Single  
or Widowed —

Name of Wife or  
Husband —

Father's Name W. L. Eagle

Father's Birthplace Maryland

Mother's Maiden Name Mary J. Fifer

Mother's Birthplace Maryland

Name of person giving  
Information W. L. Eagle

How related  
to deceased Father

CAUSES OF DEATH

61

How long

10 days

How long

Primary Cerebro Spinal Meningitis

Immediate Exhaustion

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

E. H. Duncan

Address

Gorans town

9th District

PHYSICIAN  
OR CORONER

J  
Accident or Suicide?

Loudon Park

Nov 30 1908

W<sup>m</sup> E Chenoweth Son

919 3rd Ave

Hampden

Name  
in  
Full

Henry Cotheal Evans

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Mt Washington</u>		Town <u>Baltimore</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>190</u>	Month <u>November</u>	Day <u>24</u>	Age <u>74</u>	Years <u>74</u>	Months <u>4</u>	Days <u>29</u>	
Sex <u>male</u>	Color or Race <u>white</u>			Birth-place <u>Harrisburg Pa.</u>			
Occupation <u>civil engineer</u>			Where Residing if not at place of death <u>Washington D. C.</u>				
Married, <u>S</u> or Widowed <u>W</u>	Name of Wife or Husband <u>Mary G. Evans</u>				Father's Birthplace <u>not known</u>		
Father's Name <u>Benjamin Evans</u>					Mother's Birthplace <u>not known</u>		
Mother's Maiden Name <u>Mary Ann Gillard</u>					How related to deceased <u>Daughter</u>		
Name of person giving information <u>Mrs Townsend Scott</u>							

CAUSES OF DEATH

78

PHYSICIAN  
OR CORONER

Primary

Myocarditis

Immediate

Edema of Lungs

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Thomas N Brown

Address

19 W Broad St

Baltimore, Md

8

Accident or Suicide?

No.

Stewart & Mowen Co.  
Funeral Directors  
215 Park Av.  
Baltimore, Md.  
for Interment in  
Georgetown, Wash. D.C.

Name  
in  
Full

Jas. French

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	Nov	18	Age 58	-	-
Sex	Male	Color or Race	Erls	Birth-place	Ireland
Occupation	Gardner	Where Residing if not at place of death			
Married, Single or Widowed	Mariel	Name of Wife or Husband	Katherine French	Father's Birthplace	Ireland
Father's Name	Richard French	Mother's Birthplace	Ireland	Mother's Maiden Name	Mary Welsh
Name of person giving information	" "	How related to deceased	93	How long	2 days

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Pneumonia ✓

Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

E. H. Duncan

Granstown Md.

Accident or Suicide?

Martin J. Key & Son  
606 Lafayette St

St. Mary's Seminary  
Novans

Name  
in  
Full

Catherine Freedman

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

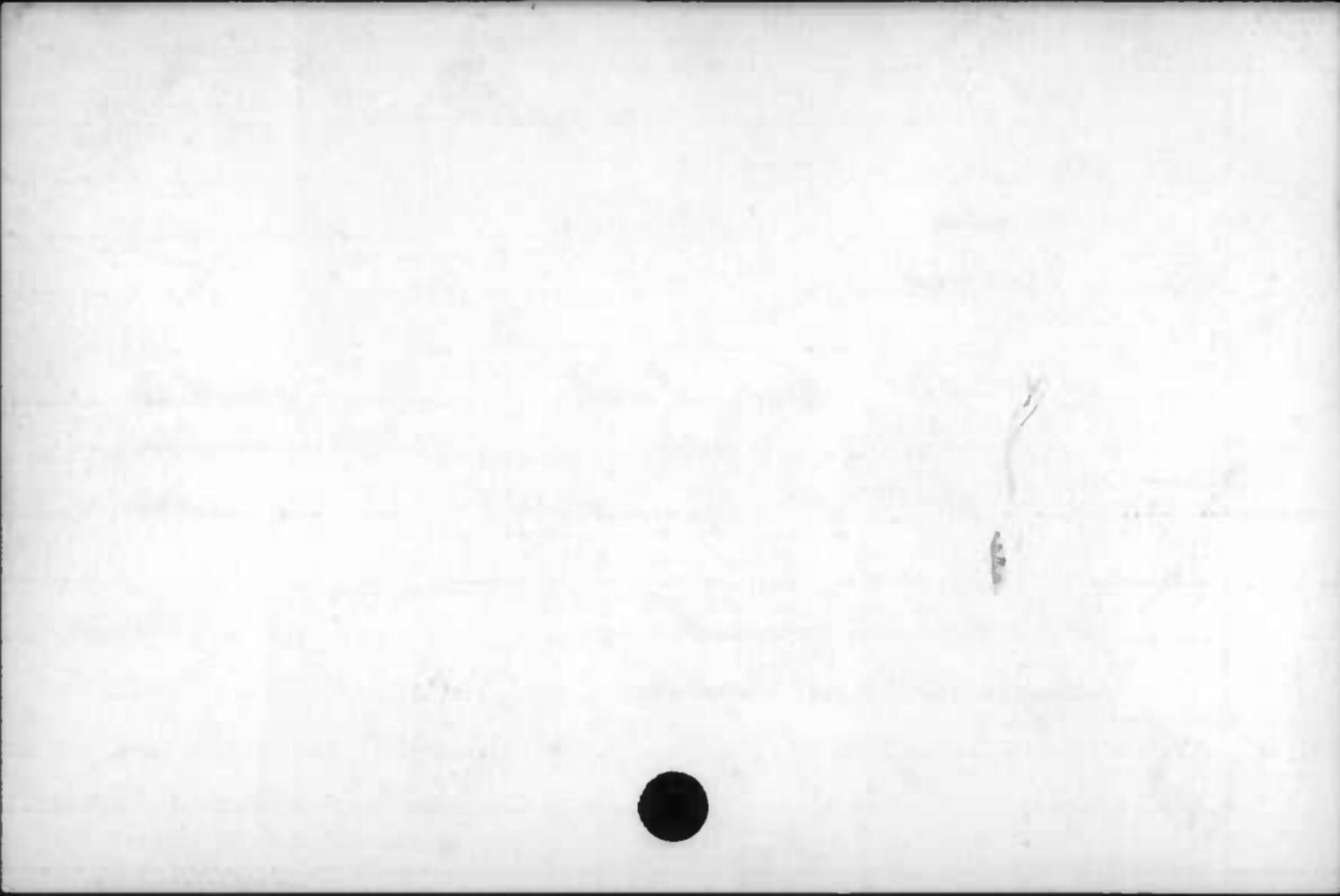
Died at	Town	County	MARYLAND		
Died at	McDonough	Baltimore			
Date of death	Month	Day	Years	Months	Days
1908	11	20	82	—	—
Sex	Color or Race	Birth-place			
Female	White	Germany			
Occupation	Where Residing if not at place of death				
Housewife	McDonough				
Married, Single or Widowed	Name of Wife or Husband				
Widow	Sos. Freedman				
Father's Name	Do Not Know				
Mother's Maiden Name	Do Not Know				
Name of person giving information	Pennie Hanson				

CAUSES OF DEATH

47

PHYSICIAN  
OR CORONER

Primary	Rheumatism	How long	about ten years
Immediate	Paralysis of heart	How long	Instantly
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W H A Campbell
		Address	Orange Mills, Md.
Accident or Suicide?			



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Charles N. Gumbrell.

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birthplace			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Mrs. B. Gumbrell		Father's Birthplace	Bullo		
Mother's Maiden Name	Mary E Kelly		Mother's Birthplace	Bullo.		
Name of person giving information	John B Gumbrell		How related to deceased	Father		

CAUSES OF DEATH

105

Primary

Choler Enfamilia

How long

2 weeks

Immediate

Infective Strphy

How long

4 minutes.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of physician

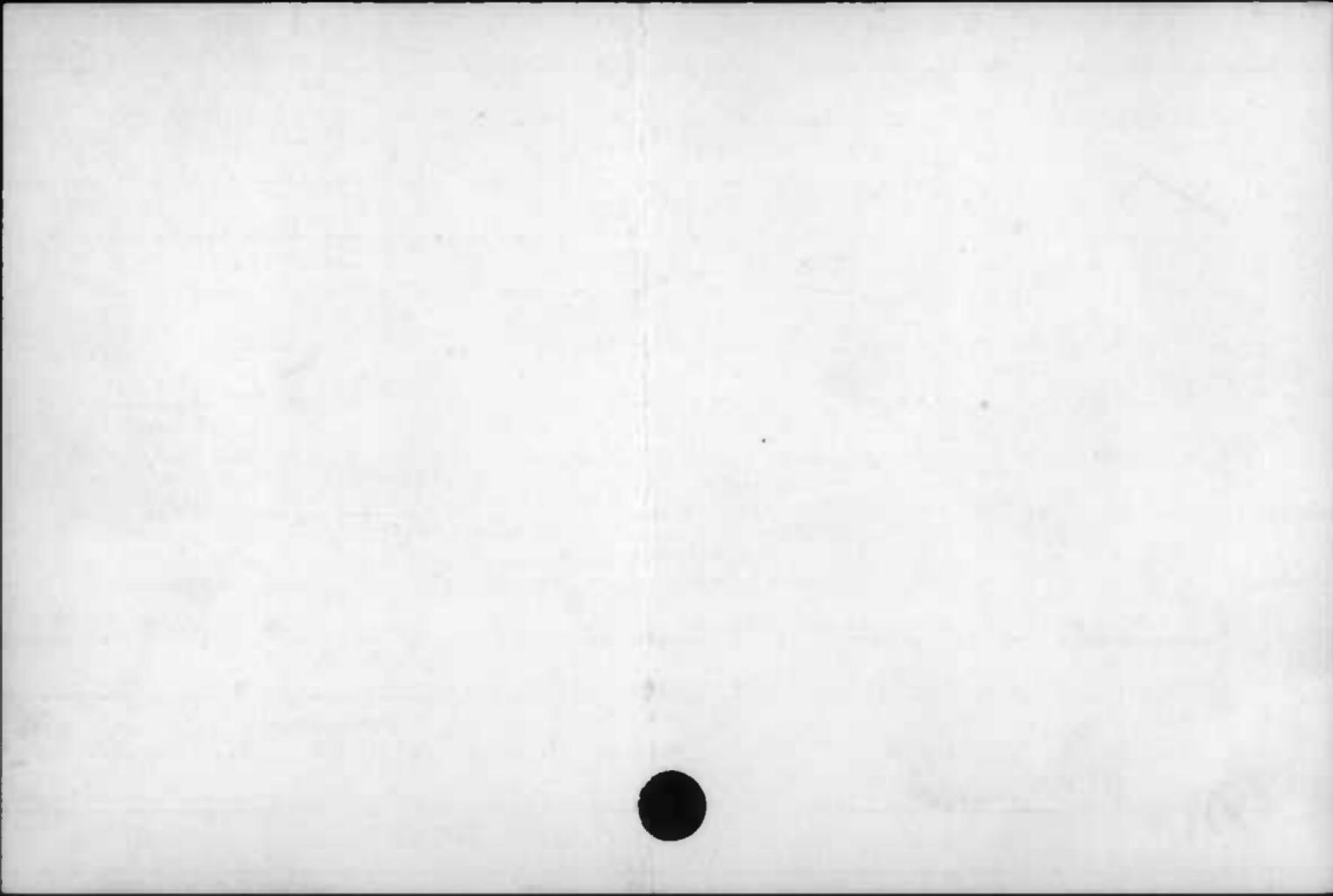
Address

Frank C Eldred Jr.  
Springs Point.

8

Accident or Suicide?

Med 15



Name  
in  
Full

Elizabeth Gent

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town <u>Woodlawn</u>	County <u>Baltimore</u>	MARYLAND		
Date of death	Month <u>1908</u>	Day <u>11</u>	Years <u>41</u>	Months <u>—</u>	Days <u>—</u>
Sex	<u>Female</u>	Color or Race <u>White</u>	Birth- place <u>Balt. Co.</u>		
Occupation	<u>Housewife</u>	Where Residing if not at place of death <u>Woodlawn</u>			
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband <u>Wm. Gent</u>			
Father's Name	<u>Powell Hardy.</u>		Father's Birthplace <u>Germany</u>		
Mother's Maiden Name	<u>Do Not Know</u>		Mother's Birthplace <u>Germany</u>		
Name of person giving Information	<u>Note Roffe</u>		How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

1

How long

8 weeks

PHYSICIAN  
OR CORONER

Primary

Typhoid Fever

Immediate

Perforation of intestine

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

A. C. Lummis

Address

Woodlawn Sta  
Md. I

8

Accident or Suicide?

Burial at Arlington MD

Jos B. Cook  
Undertaker

Name  
in  
Full

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	Geo. A. Geltz		County	Baltimore	MARYLAND					
Date of death	Month	1908	11	Day	23	Years	—	Months	—	Days	—
Sex	Female	Color or Race	white	Age	—	Birth-place	Orangeville				
Occupation	—	Where Residing if not at place of death									
Married, Single or Widowed	—	Name of Wife or Husband									
Father's Name	Geo. A. Geltz	Father's Birthplace									
Mother's Maiden Name	Elizabeth King	Mother's Birthplace									
Name of person giving information	Geo. Geltz	How related to deceased									

## CAUSES OF DEATH

(S)

Primary	still born	How long	—
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H. S. Wagner
		Address	320 Highland ave
Accident or Suicide?	no		

Baltimore Sun  
Mar 26 1908

H. Sanderson

Name  
in  
Full

Sarah Jane Gilbert

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

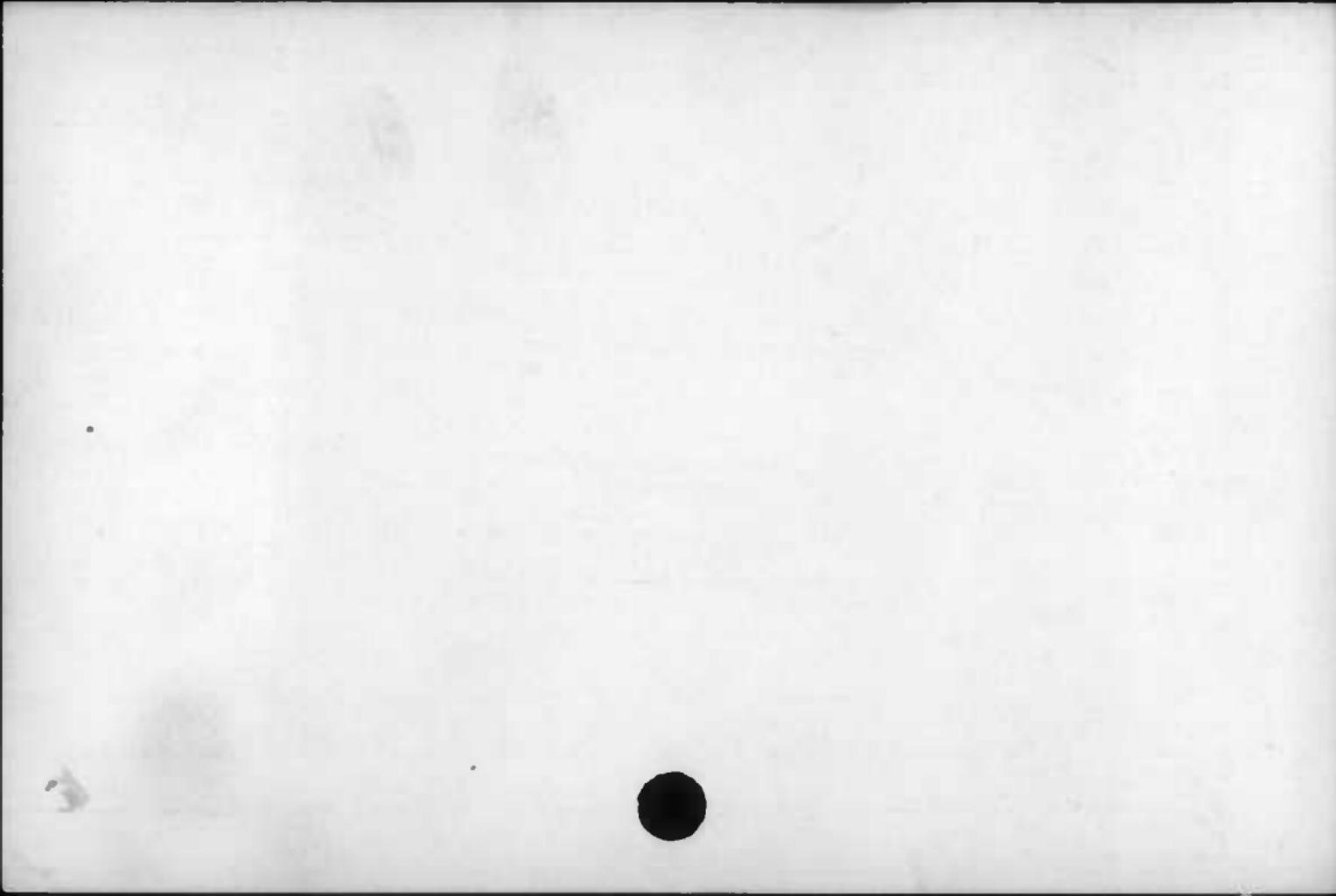
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not place of death			Relay Md	
Married, Single or Widowed	Name of Wife or Husband	Chas L. Gilbert			
Father's Name	Jos. S. Pearce			Father's Birthplace	Maryland
Mother's Maiden Name	Sarah Stansbury			Mother's Birthplace	"
Name of person giving information	A P. Gilbert			How related to deceased	Son

CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary	Hemiplegia	How long	5 1/2 yrs.
Immediate	Cerebral Atrophy	How long	5 yrs.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	R. P. Erickson
Yes		Address	60 Ridge Rd
Accident or Suicide?		1	



Name  
in  
Full

Wm Giles

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Baltimore, Co. Almshouse County

MARYLAND

Date of death 1908 Month 11 Day 22 Years Age 15 Months \_\_\_\_\_ Days \_\_\_\_\_

Sex Male Color or Race Colored Birth-place Unknown

Occupation Aust'num Where Residing if not at place of death as above

Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_

Father's Name Unknown

Father's Birthplace Unknown

Mother's Maiden Name Unknown

Mother's Birthplace Unknown

Name of person giving information Almshouse Reg'd How related to deceased with Tuberculosis

In formation Reg'd \_\_\_\_\_ than a year ago

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Tuberculosis

(27)

How long came here more

Immediate Nephritis

How long a minute

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. F. G. Bussey

Address

Pearl Street

8th District Md. 9

Accident or Suicide? No

George L. Sturley  
931 N. Mount St

~~Proof~~ Driving for the  
anatomical board

Name  
in  
Full

Annie Gordon

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Mount Washington	Town	Baltimore	County	MARYLAND	
Date of death	1908	Month Nov	Day 15	Years 59	Months 4	Days -
Sex	Female	Color or Race	White	Birth-place	Salisbury	
Occupation	House Keeper			Where Residing if not at place of death	Mt Washington	
Married, Single or Widowed	Widow	Name of Husband	Thomas. Gordon	Father's Birthplace	Orleans	
Father's Name	Thomas Decay			Mother's Birthplace	H.	
Mother's Maiden Name	Darkins			How related to deceased	Daughter	
Name of person giving information	Mrs Dorsay			93		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Myocarditis

Immediate

Pneumonia

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address



Accident or Suicide?

How long

How long

Bob, wk

year

Henry H. Cassidy  
Rockwood Park  
Md

Mary's Gowanslawn  
A. Marshall  
3539 Fall Road.

Nov. 18 - 1908

Name  
in  
Full

Charles Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Highlandtown	Town	Balto.	County	MARYLAND
Date of death	1908	Month Nov.	Day 17	Age 77	Years Months 7 Days 18
Sex	Male	Color or Race	white	Birth-place	Virginia
Occupation	Shipsmith -				
Married, Single or Widowed	Widower	Name of Wife or Husband	Mary E. Green		
Father's Name	John Green				
Mother's Maiden Name	Not Known				
Name of person giving information	Jamie Green				
CAUSES OF DEATH					
Primary	Senility				
Immediate					
Are the name, age, sex, color, date and place correctly given above?	Yes				
Signature of Physician	G. V. Kline				
Address	3200 Hudson St				
Accident or Suicide?					

154

PHYSICIAN  
OR CORONER

Baltimore Cemetery  
K Landis & Son  
Nov 19 1908

Name  
in  
Full

Endlis Green

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Roslyn	Baltimore			
Date of death	Month	Day	Years	Months	Days
1908	11	5	73		
Sex	Male	Color or Race	Colored	Birth- place	Md.
Occupation	Farm Hand	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Roslyn		
Father's Name	Christina Green				
Mother's Maiden Name	Do not know				
Name of person giving Information	Christine Green				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Old Age

97

How long

Immediate

Asthma

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

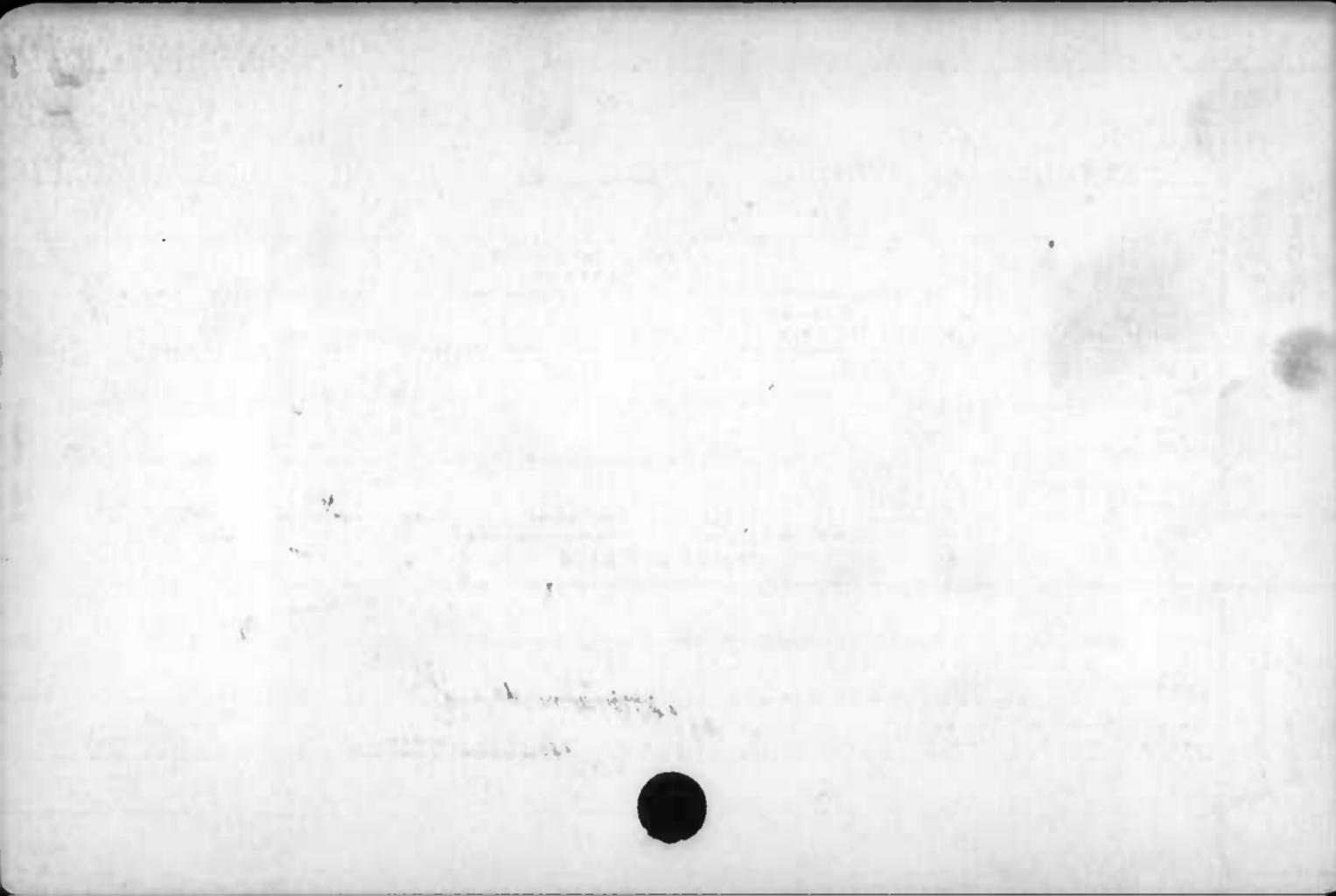
Signature of  
Physician

Justice of the Peace  
acting coroner

Address

William E. Fife Jr.  
Roslyn Md. 3

Accident or Suicide?



Name  
in  
Full

Thomas W Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County			MARYLAND		
Died at Sherwood	13 aluminum					
Date of death 1908	Month 11	Day 17	Age one	Month 8	Days -	
Sex Male	Color or Race	White	Birth-place Maryland			
Occupation Infant	Where Reiding if not at place of death Sherwood					
Married, Single or Widowed ✓	Name of Wife or Husband ✓			Father's Birthplace Sherwood		
Mother's Maiden Name Emma Green				Mother's Birthplace Virginia		
Name of person giving Information Mrs Robt Green				How related to deceased mother		

CAUSES OF DEATH

Primary Burns from falling into hot water	How long 7 days
Immediate Gas aemia	How long 24 hours
Are the name, age, sex, color, date and place correctly given above ? Yes	Signature of Physician R C Massenburg
Address 700 Dawson	
Accident or Suicide Accident	9

PHYSICIAN  
OR CORONER

Selby Cummings  
Christopher Bassett  
Robert Danner

Name  
in  
Full

Not Named Harmon

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hangetead</u>		Town	County <u>Ballo-</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>11</u>	Day <u>17</u>	Age <u>0</u>	Years <u>0</u>	Months <u>0</u>	Days <u>12 hrs</u>
Sex <u>male</u>	Color or Race <u>white</u>	Occupation		Where Residing if not at place of death <u>Hangetead</u>		
Married, Single or Widowed	Name of Wife or Husband					
Father's Name <u>Glenville Harmon</u>	Father's Birthplace <u>Widow Ind</u>					
Mother's Maiden Name <u>Florance C Albar</u>	Mother's Birthplace <u>Grave Ind</u>					
Name of person giving information <u>Glenville Harmon</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary

Premature Birth

How long

about 4½ month

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

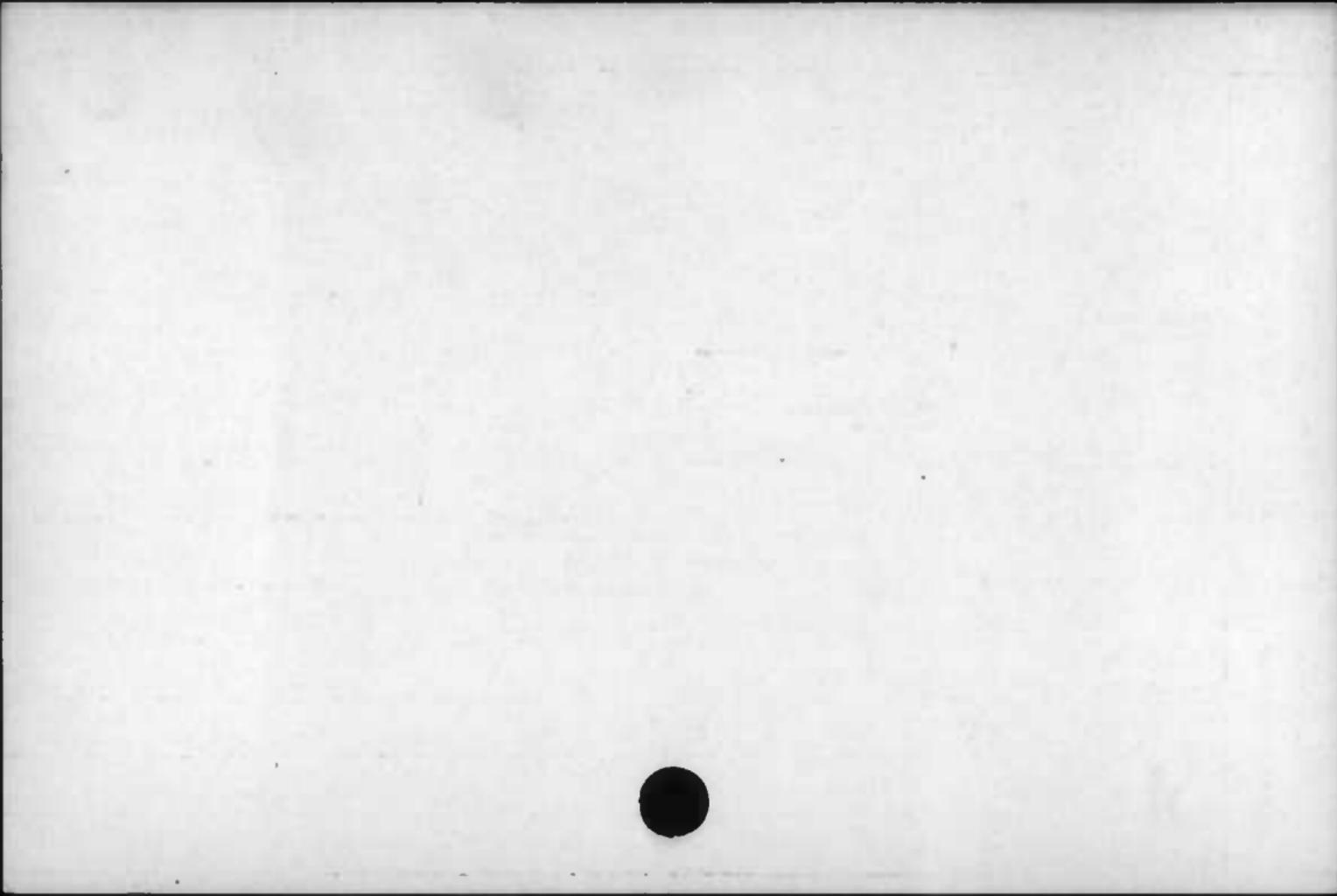
Address

Dr D M Rush

Hangetead

Ind

Accident or Suicide?



Name  
in  
Full

Nora Elizabeth Hedrick

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908 November	17	Age	5	8	2
Sex	Color or Race	Birth-place	Baltimore Md.		
Female	' White	Lutherville			
Occupation	Where Residing if not at place of death				
M. I. Single or Widower	Name of Wife or Husband	Lutherville			
Father's Name	✓				
E. E. Hedrick	Baltimore Md.				
Mother's Maiden Name	Penns				
Ella Hudson					
Name of person giving information	How related to deceased				
E. E. Hedrick	Father				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Marasmus

Immediate

Central Section

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

J. Gibbons French Md.

Address

Lutherville Md.

Incident or Suicide?

W C. Brooks Undertaker  
Poplar Cemetery Phoenix

Name  
in  
Full

Aathan Herman

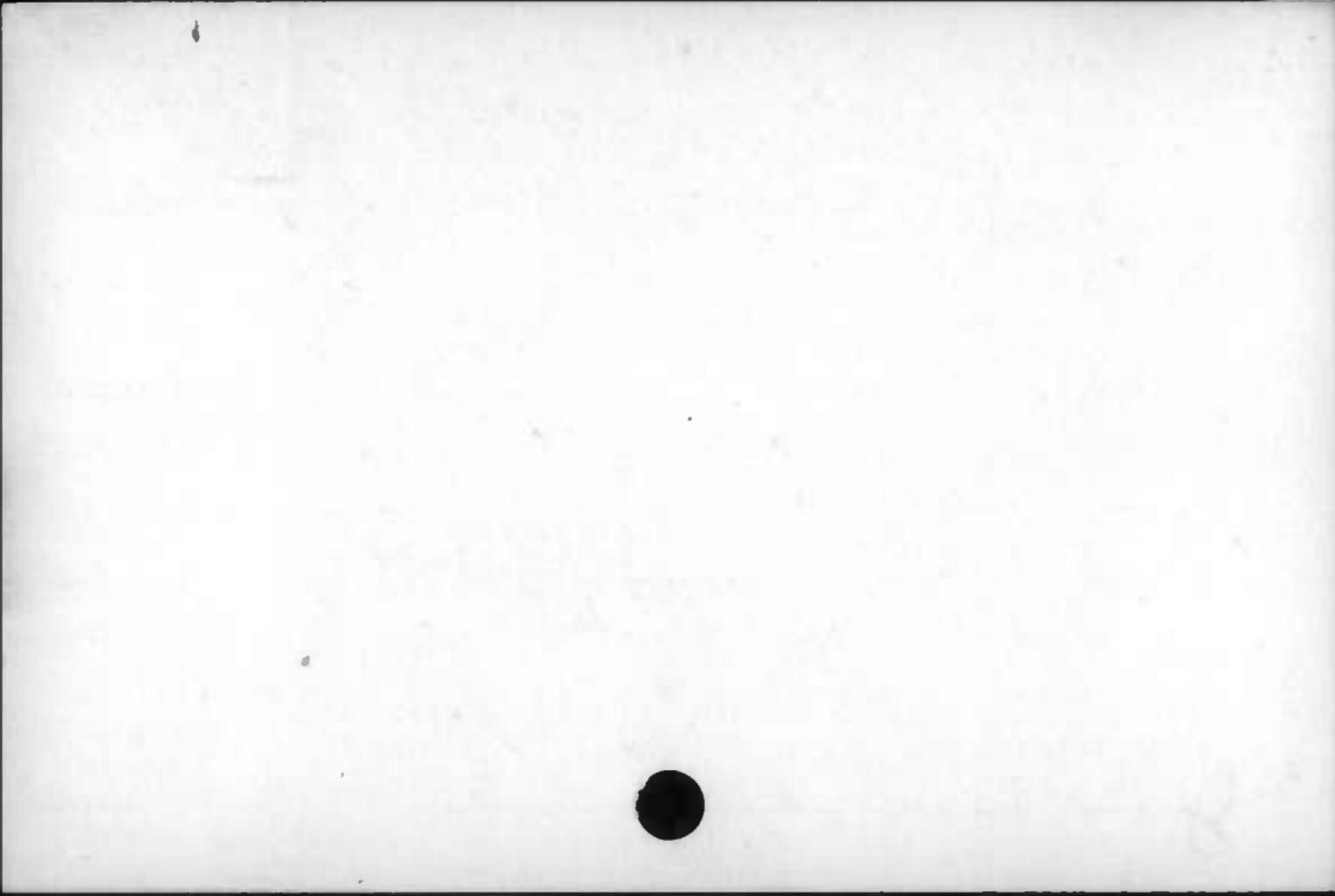
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Reisterstown</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death 1908	Month <u>Oct.</u>	Day <u>23</u>	Age <u>35</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Occupation <u>Barker</u>	Birth-place <u>Russia</u>			
Married, Single or Widowed <u>married</u>						
Name of Wife or Husband <u>Mothainall</u>						
Father's Name <u>Abraham Herman</u>				Father's Birthplace <u>Russia</u>		
Mother's Maiden Name <u>Anahamall</u>				Mother's Birthplace <u>"</u>		
Name of person giving Information <u>Dr. J. A. Robinson</u>				How related to deceased <u>27</u>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Pulmonary Tubercolosis</u>	How long <u>1 yr.</u>
	Immadiata	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. A. Robinson</u>
<u>Yes.</u>		Address <u>J. C. A. B. Reisterstown</u>
Accident or Suicide? <u>8</u>		



Name  
in  
Full

Cornelia Hoffman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1908	Month 7	Age 88	Months 6
Sex Female	Color or Race white	Birth-place	Days 27
Occupation Teacher	Where Residing if not at place of death Antonsburg		
Married, Single or Widowed widow	Name of Wife or Husband Antonsburg	Father's Birthplace unknown	Mother's Birthplace unknown
Father's Name unknown			
Mother's Maiden Name unknown			
Name of person giving information Mrs. Fred Brecher		How related to deceased Granddaughter	

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary

Disease Heart Disease

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

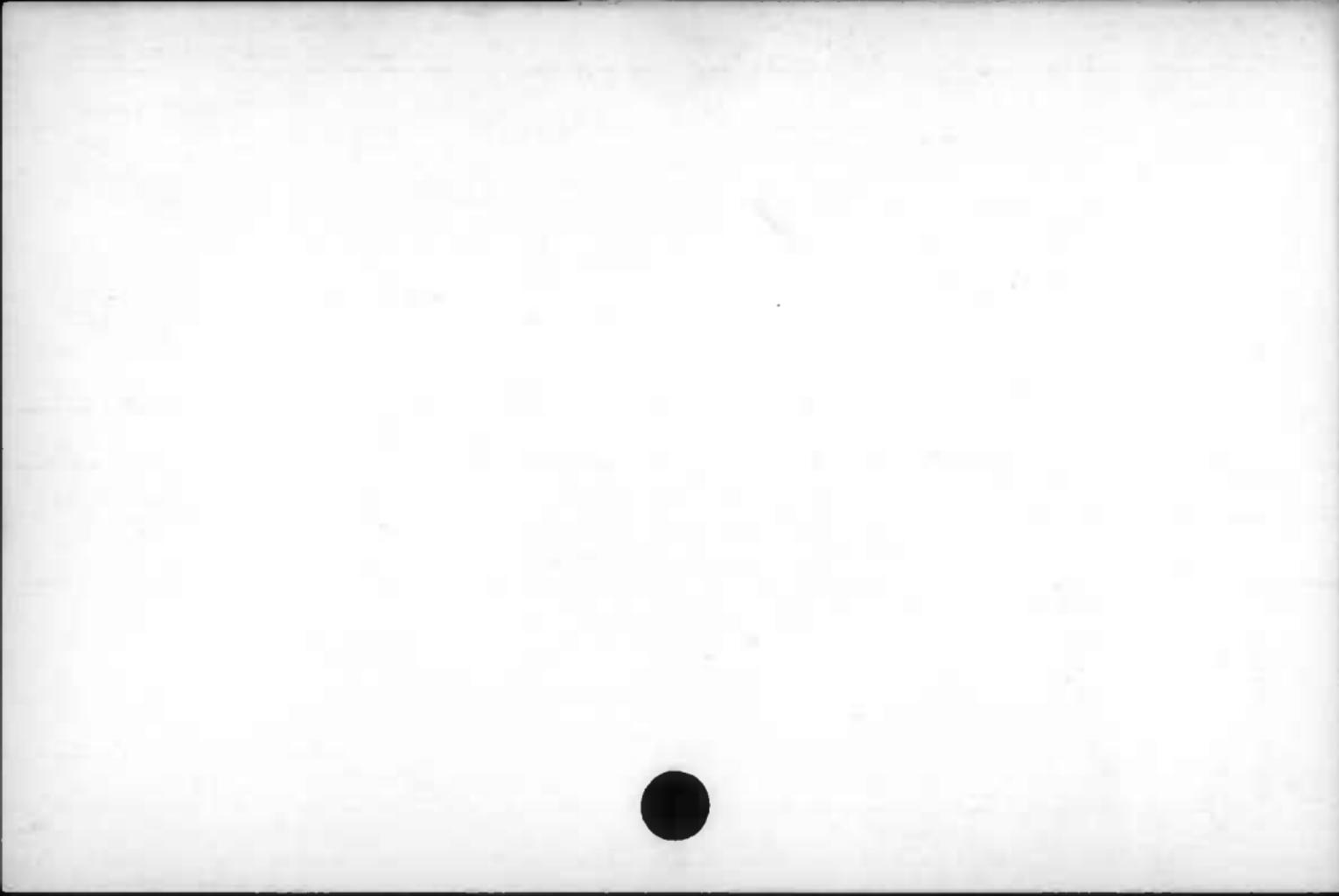
Address

Johanna Hoffman

Accident or Suicide

nd

15



Name  
in  
Full

John T Flokrein

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Arbutus		County Calvert Co.		MARYLAND	
Date of death 1908 November	Month Day 27	Age 1	Years	Months	Days
Sex Male	Color or Race White	Birth-place Baltimore			
Occupation None	Where Residing if not at place of death				
Married, Single Widower	Name of Wife or Husband				
Father's Name Charles A. Flokrein	Father's Birthplace Bradby Bend Penn.				
Mother's Maiden Name Marguerite Spatho	Mother's Birthplace Arbutus				
Name of person giving information Charles Koenig	How related to deceased Father				

CAUSES OF DEATH

177

How long

3 months

How long

3 months

How long

Rev Harper. M.D.  
Healthcare Md.

Primary

Bropsey

Immediate

Bropsey.

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

Accident or Suicide?

No

13

C. W. Hill

Tondon Park Cemetery.

Name  
in  
Full

M. E. Holt

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	white	Birth-place	Anthon
Occupation	Pile Setter	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Not Known	Father's Birthplace	Unknown
Father's Name	Unknown	Mother's Maiden Name	Unknown	Mother's Birthplace	Unknown
Name of person giving Information	John Schmidt	How related to deceased	None		

CAUSES OF DEATH

79

How long

Two Months

How long

Immediate

Primary

Heart trouble

Immediate

Heart failure

Are the name, age, sex, color, date and place correctly given above?

yes

Signature  
Physician

Address

August W. Miller, Coroner,  
Mt. Wmians  
Balto Co. Md. 13

8

Accident or Suicide?

Nicholas Funk  
Wester Cenky ~

Name  
in  
Full

John Hoshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	813 S. 3 <sup>rd</sup> St. Highlandtown			County	Baltimore.	
Died at	Month	Day	Year	Month	Month	Day
Date of death	190	11	6	Age	74	10
Sex	Male	Color or Race	White	Birth-place	Baltimore Co.	
Occupation	Farmer			Where Residing if not at place of death	York Co. Shrewsbury Pa.	
Married, Single or Widowed	Married	Name of Wife or Husband	Minerva Hoshall.	Father's Birthplace	Don't Know	
Father's Name	John Hoshall			Mother's Birthplace	Don't Know	
Mother's Maiden Name	Eleanor Hurst			How related to deceased	Wife.	
Name of person giving Information	Minerva Hoshall.					

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary Chronic Nephritis - Senility about 2 to 3 yrs.  
Immediate Dilatation heart

Are the name, age, sex, color, date and place correctly given above?

8

Accident or Suicide

Signature of Physician

Address

A.C. McClanahan  
#619 S. Clinton -

120

How long

How long

6 to 7 days

The remains are to be shipped  
to Shrewsbury York Co. Pa.  
to be buried at New Market.  
Balto. City, Md.

Lilly M<sup>r</sup> Fricker  
403 S. Wolfe St.

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Catherine A. Hutton

CERTIFICATE OF DEATH

MARYLAND

Died at Garrison

Town

County

Baltimore

Date of death 1908 Nov

Month

Day

Years

Age 76

Months

Days

Sex Female

Color or Race

white

Birthplace

Baltimore Co Md

Occupation

House wife

Where Residing if not  
at place of death

Married, Single  
or Widowed

married

Name of Wife or Husband

John W. Hutton

Father's Name

Benjamin

Goodwin

Father's Birthplace

Baltimore Co Md

Mother's Maiden Name

Elizabeth

Grieffis

Mother's Birthplace

Baltimore Co Md

Name of person giving information

John W. Hutton

How related to deceased

Husband

CAUSES OF DEATH

Primary

Valvular Heart disease

79

How long

Several yrs

Immediate

Exhaustion

How long

Several months

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

N. Louis Taylor

Address

Pikesville

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mary Cary Jacobs					CERTIFICATE OF DEATH	
Died at	8th	Town	Baltimore	County	MARYLAND	
Date of death	1908	Month	3	Day	Years	Months
Sex	Female	Color or Race	White	Age	43	Days
Occupation	Houswife	Where Residing if not at place of death	Baltimore 1546 Bay St Baltimore			
Married, Single	Widow	Name of Wife or Husband	W. Walter Jacobs			
Father's Name	Unknown	Father's Birthplace	Unknown			
Mother's Maiden Name		Mother's Birthplace				
Name of person giving information	W. Walter Jacobs	How related to deceased	Husband			

CAUSES OF DEATH

166

Primary

Shock thrown out of carriage

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Accident or Suicide?

Address

Coronel W. S. Judd  
3326 E Baltimore

12

~~Wm Cook~~  
502 E North Ave  
Nov. 6, 1908

Cedar Hill Cemetery

Name  
in  
Full

To BE ANSWERED BY

NEAREST FRIEND

Lilly L Johnson X

CERTIFICATE OF DEATH

MARYLAND

Died at

Town  
Cockeysville

County  
Baltimore

Date  
of death 1908

Month  
11

Day  
12

Years  
27

Months  
10

Days  
1

Sex  
Female

Color or  
Race

Colored

Birth-  
place

Ind

Occupation

Laundress

Where Residing if not  
at place of death

Cockeysville Ind

Married, Single  
or Widowed

Married

Name of  
Husband

Samuel Johnson

Father's  
Name

John T Coulter

Father's  
Birthplace

Ind.

Mother's  
Maiden Name

Emma Smith

Mother's  
Birthplace

Ind.

Name of person giving  
information

Geo. D. Smith

How related  
to deceased

Step father

CAUSES OF DEATH

27

How long

Primary

Pulmonary Tuberculosis

6 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

Gilmer C. Eason M.D.

Address

Cockeysville  
8th District Ind.

Accident or Suicide?

No

Funeral at First chappel  
Buckysville Salinity  
 $14\frac{1}{2}$ " W.C. Brooks

Name  
in  
Full

Aery A Jones

CERTIFICATE OF DEATH.

Died at Catonsville

Balto County

MARYLAND

Date of death 1908 Nov 24 Day

Age 63 Years

Months —

Day —

Sex Female

Color or Race

White

Birth-place

Maryland

Occupation

House Wife

Where Residing if not at place of death

Catonsville Md

Married, Single or Widowed

Name of Wife or Husband

Aunt Kueum

Father's Name

Louis Ball

Father's Birthplace

Virginia

Mother's Maiden Name

Elen Robeson

Mother's Birthplace

Virginia

Name of person giving information

G.R. Ball

How related to deceased

Son

TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

120

Primary

Subacute Nephritis

Doubt Known

Immediate

Gorna

12 hrs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

D. M. Stubb to D,  
Catonsville  
ed!

PHYSICIAN  
OR CORONER

J

Accident or Suicide?

Charles H. Worcester  
London Book Binding

Name  
in  
Full

Nicholas Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	Balto	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1908	Nov.	1	73	90	00
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	Retired	Where Residing if not at place of death			Bella
Married, Single or Widowed	Widowed	Name of Wife or Husband	Susana Jones & dead 3	Father's Birthplace	Md.?
Father's Name	don't know	Mother's Maiden Name	don't know	Mother's Birthplace	And.?
Name of person giving information	Howard Dylew	How related to deceased	grand Son	How long	several mos
CAUSES OF DEATH				120	

Primary

Old Age + Nephritis

Immediate

Pulmonary Oedema + Cardiac Arthema

Are the name, age, sex, color, date and place correctly given above?

Yes,

Signature of Physician

Fran L. O'Keeffe MD

Address

Elliott City Md

Accident or Suicide?

No

Easton Sons.  
Ella Cuningham.

Name  
in  
Full

J. Lovelace, Jordan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1908	Nov	23	Age 76
Sex	Male	Color or Race	Birth-place
Occupation	Retired Farmer		
Married, Single or Widowed	Name of Wife or Husband	Where Residing if not at place of death	
Widower	Matilda Wagner	Maryland	
Father's Name	Edward Jordan	Father's Birthplace	Maryland
Mother's Maiden Name	Margaret Huitt	Mother's Birthplace	"
Name of person giving information	J. S. Jordan	How related to deceased	Son

CAUSES OF DEATH

82

How long

4 days

Primary

Embolism of Femoral Artery

How long

Immediate

Arterisclerosis; gangrene:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. McAllister

Riverside

PHYSICIAN  
OR CORONER

J.

Accident or Suicide?

Frank G. Skinner

Interned

Smallwood

W.C.

Name  
in  
Full

Mrs Rosa Bayne Joyce

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

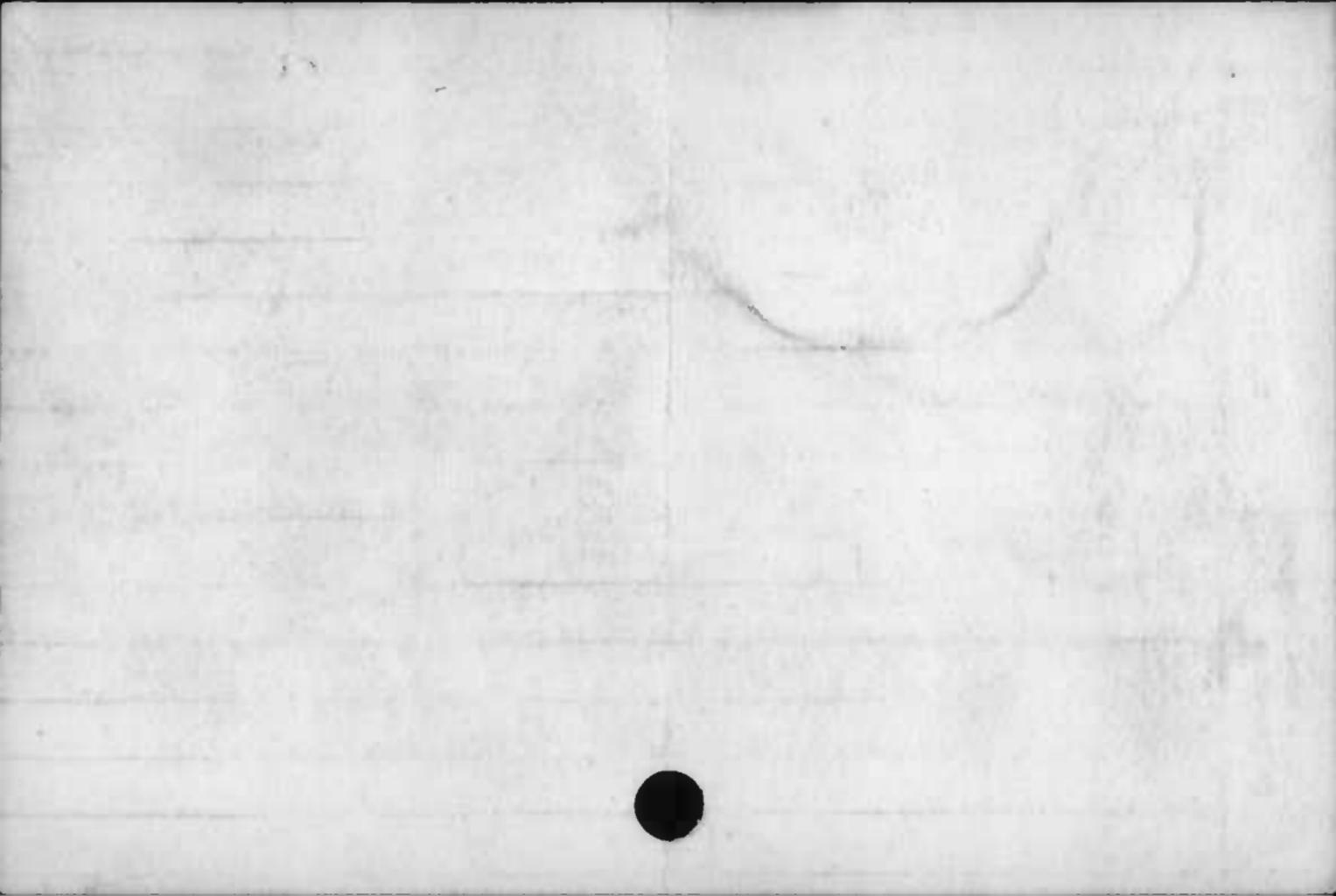
Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Birth-place		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Benjamin Bayne	Father's Birthplace	Baltimore	
Mother's Maiden Name	Mary S. Carey	Mother's Birthplace	Baltimore	
Name of person giving Information	Brother Dr Bayne	How related to deceased	Brother	

CAUSES OF DEATH

34

PHYSICIAN  
OR CORONER

Primary	Diffused Tuberculosis		How long	About three years
Immediate	Respiratory failure		How long	One day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	G. G. Rusk	
J	Yes	Address	2000 E. Baltimore St.	
Accident or Suicide?		11th District		



Name  
in  
Full

Yhos. J. Kelleher

CERTIFICATE OF DEATH

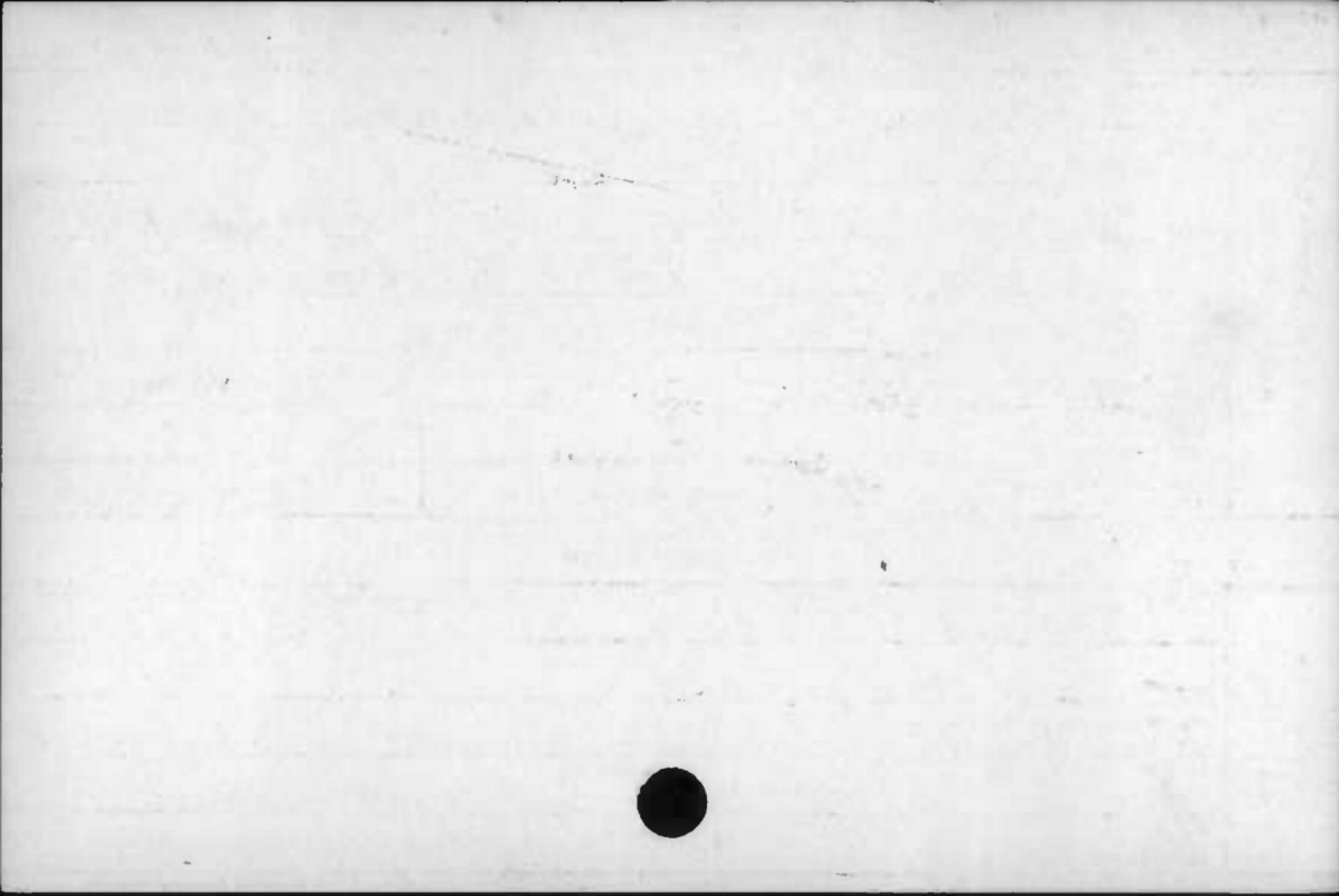
To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Mt. Hope Reptice Baltimore</u>		County <u>Baltimore</u>	MARYLAND		
Date of death <u>1908 Nov 14</u>	Month <u>Nov</u>	Day <u>14</u>	Years <u>39</u>	Months <u>not known</u>	Days <u>not known</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore Md.</u>			
Occupation <u>Clerk</u>	Where Residing if not at place of death <u>Baltimore</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband _____				
Father's Name <u>not known</u>	Father's Birthplace <u>not known</u>				
Mother's Maiden Name <u>"</u>	Mother's Birthplace <u>" " "</u>				
Name of person giving information <u>Ricds Mt. Hope</u>	How related to deceased <u>not at all</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>mania Chronic</u>	68	How long <u>over 6 yrs</u>
Immediate <u>Ex Anæmia</u>	5 or 6 mos	How long <u>5 or 6 mos</u>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank J. Fladory</i>	Address <i>Wm. S. Ge Reptice Baltimore Md.</i>
Accident or Suicide?		



Name  
In  
Full

Ellen Kennedy

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

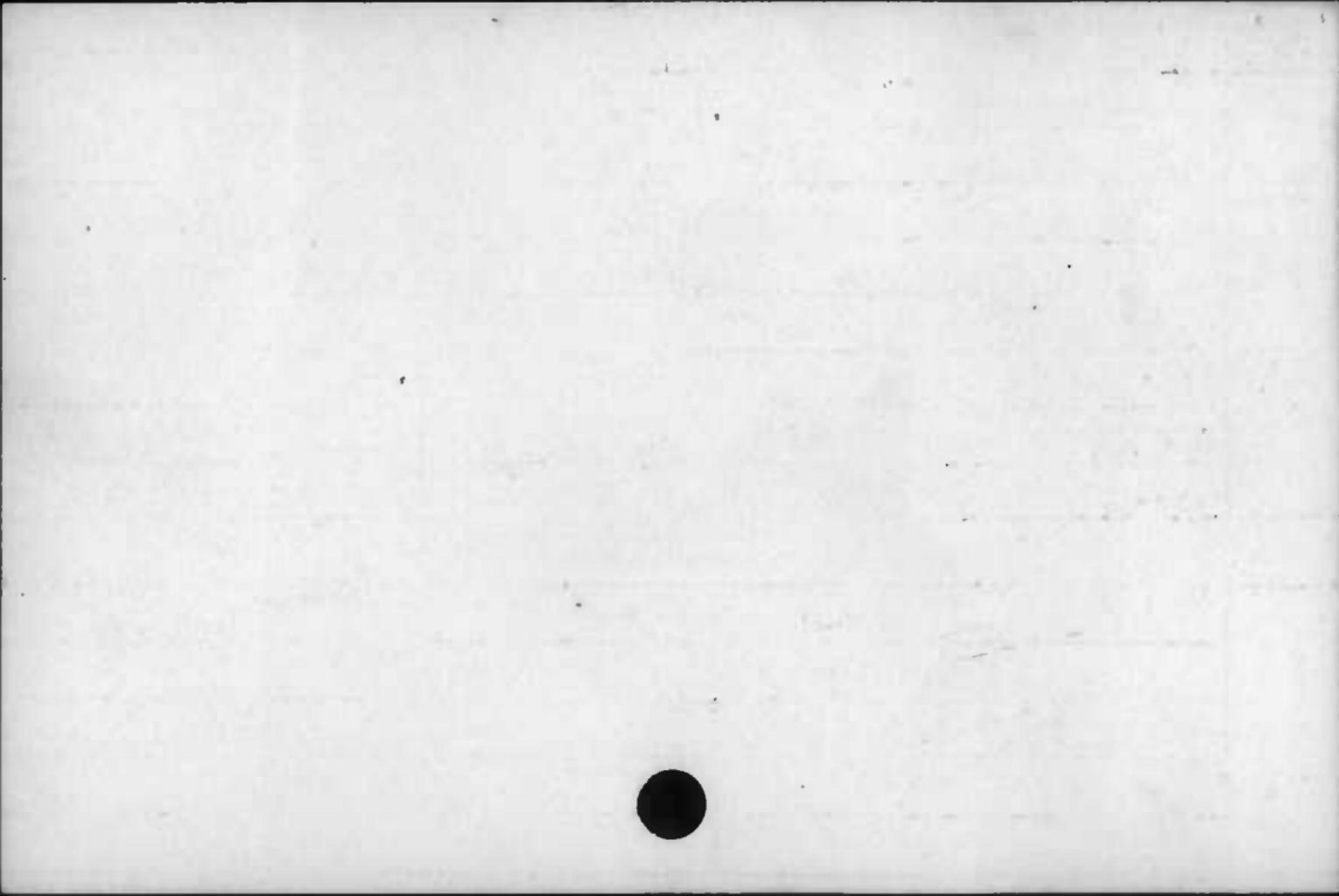
Town	County	MARYLAND			
Died at Mt Hope Retreat	Baltimore				
Date of death 1908	Month Nov	Day 11	Years Ago 68	Months 10	Days Known
Sex Female	Color or Race White	Birthplace Island			
Occupation Religious	Where Residing if not at place of death Worcester Mass				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name not Known	Father's Birthplace not Known				
Mother's Maiden Name " "	Mother's Birthplace " "				
Name of person giving information	Reed Mt Hope Retreat	How related to deceased Not at all			

CAUSES OF DEATH

68

PHYSICIAN  
OR CORONER

Primary	Maria Chronic	How long	over 5 yrs
Immediate	Ex. Cardiac Paralysis	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Frank J. Flannery
		Address	Mt Hope Retreat Mt Hope Md.
Accident or Suicide? <i>J</i>			



Name  
in  
Full

Magdalena Kern

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
1908	Nov.	30 <sup>th</sup>	13	1 —
Sex	Color or Race	Where Residing if not place of death	Birth-place	
Female	White	815-8. First St.	Balto Md.	
Occupation	None			
Married, Single or Widowed	Name of Wife or Husband			
Single	-			
Father's Name	John L. Kern		Father's Birthplace	Md.
Mother's Maiden Name	Elizabeth Buettner		Mother's Birthplace	Md.
Name of person giving information	John L. Kern		How related to deceased	Son

CAUSES OF DEATH

1

Primary	Typhoid Fever	How long	14 days
Immediate	Rupture of Bowel, Hemorrhage, Ecchymosis	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	D.W. Jones M.D.
		Address	3116 Old Howell St
<i>J</i>			
Accident or Suicide?			

Sacred Heart Cemetery  
Lilly and Geiler  
Dec 3<sup>rd</sup> 1908  
Undertakers

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

John B Kidd

CERTIFICATE OF DEATH

Died at Near Elko		Town		County		MARYLAND	
Date of death 1908	Month 11	Day 4	Age 57	Years 57	Months 2	Days 1	
Sex Male	Color or Race White			Birth-place Md			
Occupation Farmer	Where Residing if not at place of death						
Married, Single or Widowed Married	Name of Wife or Husband	Rebecca E Kidd					
Father's Name Wm Kidd			Father's Birthplace Md				
Mother's Maiden Name Jane C Skippen			Mother's Birthplace D.C.				
Name of person giving information Rebecca Kidd			How related to deceased Wife				

CAUSES OF DEATH

56

How long

3 days

How long

12 hrs

PHYSICIAN  
OR CORONER

Primary

Delirium Tremens

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

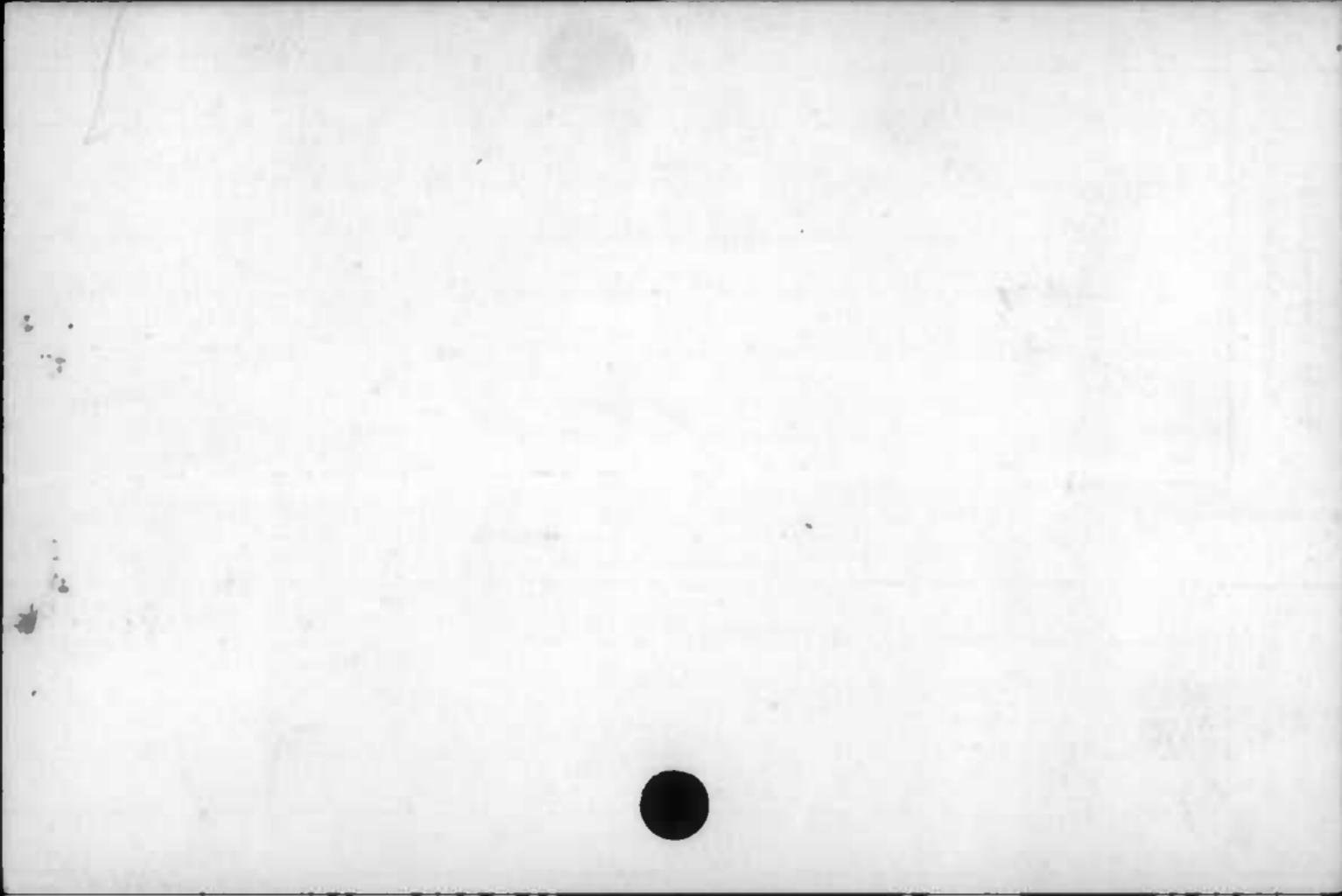
Address

Dr D. W. Bush

Hampstead

Md 6

Accident or Suicide?



Name  
In  
Full

James C. Kinear

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Mt. Hope Retirement</u> Town <u>Balto Co</u> County				MARYLAND	
Date of death <u>1908</u>	Month <u>Nov</u>	Day <u>25</u>	Years <u>Age 30</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Balto Co Md - Baltimore Md -</u>			
Occupation <u>Clerk -</u>	Where Residing if not at place of death <u>Baltimore Md -</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u> </u>				
Father's Name <u>Not Known</u>	Father's Birthplace <u>Not Known</u>				
Mother's Maiden Name <u>" "</u>	Mother's Birthplace <u>" "</u>				
Name of person giving information <u>Reeds Mt. Hope Retirement</u>	How related to deceased <u>not at all</u>				
CAUSES OF DEATH					
Primary <u>Malaria Chronic</u>	How long <u>over 3 yrs -</u>				
Immediate <u>Ex. Chr. Salteritious. Nephritis</u>	How long				
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Frank J. Flannery</u>				
Address <u>Mt. Hope Retirement</u>					
Accident or Suicide? <u>J</u>					
Balto Co Md -					

l



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Frank Kistner

Town

Bayview Junction

County

Balto

MARYLAND

Died at

Month

Baltimore

Day

Years

Age 54

Months

Days

Date  
of death 1908 Nov

8 Nov

30

Sex

Male

Color or  
Race

White

Birth-  
place

Germany

Occupation

Laborer

Where Residing if not  
at place of death

Janet

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Lizzie Kistner

Father's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

Lizzie Kistner

How related  
to deceased

Wife

## CAUSES OF DEATH

178

Primary

Cardiac Syncope

How long

Immediate

Dropped dead while running

How long

Are the name, age, sex, color, date,  
and place correctly given above?Signature of  
Physician

Crown W.S. Sudler M.D.

Address

333 Main Balto St

PHYSICIAN  
OR CORONER

Accident or Suicide?

Johns Hopkins Hospital  
Hernig von  
11/30/08

Name  
in  
Full

Hiram Kleczkowksi

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County		
Died at North Point Road Baltimore			
Date of death 1908 Nov.	Month Nov.	Day 3 <sup>rd</sup>	Years
Age	Months Days		
Sex Male	Color or Race White	Birth-place North Point Road	
Occupation Nurse	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name Frank Kleczkowksi	Father's Birthplace Justice		
Mother's Maiden Name Mary Glass	Mother's Birthplace Ned		
Name of person giving Information Frank Kleczkowksi	How related to deceased Father		

CAUSES OF DEATH

72

PHYSICIAN  
OR CORONER

Primary

Visum Neurorum

How long

24 hours

Immediate

Exhaustus

How long

12 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Tetanus.

Address

Fayelle Eldred  
Spruhs Bldg  
Ned

Accident or Suicide?

St Stanislaus Cemetery

Nov 4/08

M J. Sudowksi.

Name  
in  
Full

Isaac Knox

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Colored	Birth-place	Gawson	
Occupation	Shied	Where Residing if not at place of death			X	
Married, Single or Widowed	X	Name of Wife or Husband	X			
Father's Name	Isaac Knox			Father's Birthplace	Virginia	
Mother's Maiden Name	Mary Fisher			Mother's Birthplace	Maryland	
Name of person giving information	Mary Knox			How related to deceased	mother	

CAUSES OF DEATH

92

How long

How long

Primary Severe cold

Immediate Supposed Pneumonia

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

A.L. Massenburg M.D.

Address

Jos B Hobart

Coronet

Accident or Suicide?

John Burns Sons  
Sandy Bottom  
Cemetery  
Towson

Name  
in  
Full

Aug 7 Kolosop

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Middleton		County	MARYLAND		
Date of death	1908	Month Nov	Day 22	Years -	Months -	Days $\frac{1}{2}$
Sex	male	Color or Race	white	Birth-place	Ew	
Occupation			Where Reiding if not at place of daath			
Married, Single or Widewad	—		Name of Wife or Husband	—		
Father's Name	August J Kolosop		Father's Birthplace	Ind		
Mother's Maiden Name	Kater Young		Mother'a Birthplace	Ind		
Name of person giving Information	Katie Kolosop		How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Aphixia

152

How long

Immediate

16 day

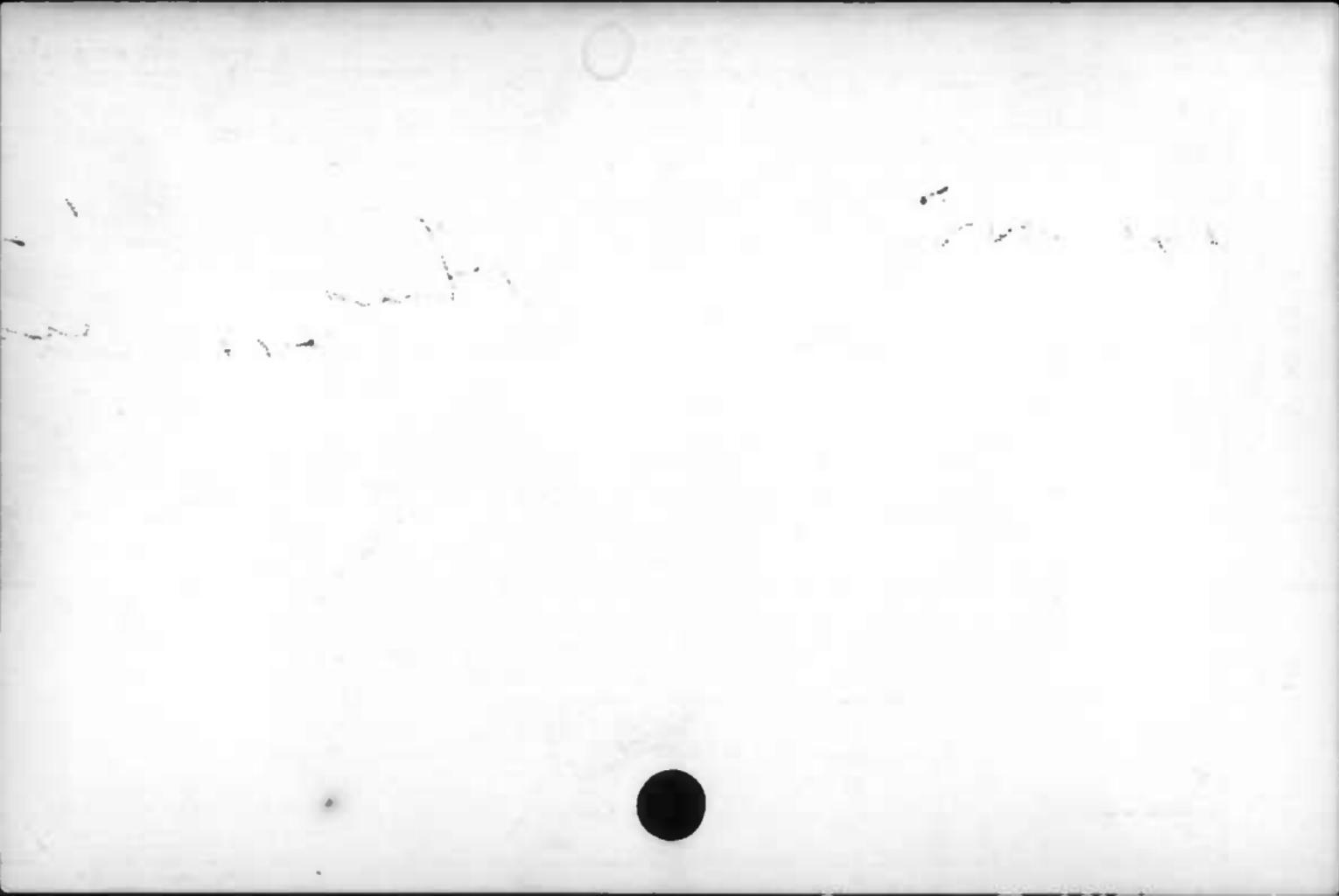
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Johned Hause Ind  
Middleton

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Koumbaltz, John.

CERTIFICATE OF DEATH

Died at Sheppard Stosp, Towson,		County Baltimore		MARYLAND	
Date of death 1908	Month Nov.	Day 6	Years Age 38	Months 5	Days 3
Sex Male.	Color or Race White	Birth- place Balto.			
Occupation Real Estate Agent.	Where Residing if not at place of death 428 Loraine av, Balto				
Married, <input checked="" type="checkbox"/> or Widowed	Name of Wife or Husband Mr. Leslie Koumbaltz	Father's Name Fleming Koumbaltz.	Father's Birthplace Germany		
Mother's Maiden Name Rizzo Riwstine	Mother's Birthplace Cuba	How related to deceased None.			
Name of person giving Information W. B. Cornell.					

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

109

Primary Per-Rectal Inflammation Post-operative

How long

2 1/2 weeks

Immediate Septicemia

How long

6 days

Are the name, age, sex, color, date  
and place correctly given above?

Yrs.

Signature of  
Physician

Address

E. T. Drush

Sheppard & Finch Pratt Hosp

8

Accident or Suicide?

9

Christian Miller  
2334 Jefferson St

Cemetery

Western

Name  
in  
Full

William Legg

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Landowns

Town

County

MARYLAND

Date of death 1908 Nov.

Month

Day

Years

Months

Days

3 Age 18

Sex Male

Color or Race

white

Birthplace

Baltimore

Occupation

None

Where Residing if not  
at place of death

Landowns

Married, Single  
or Widowed

Name of Wife or Husband

None

Father's Name

Single

Father's Birthplace

Germany

Frederick Legg

Mother's Maiden Name

Sophia Stone

Mother's Birthplace

Germany

Name of person giving Information

Brother

How related to deceased

Brother

CAUSES OF DEATH

Primary

Pneumonia

93

How long

1 week

Immediate

Exhaustion

How long

2 day

name, age, sex, color, date  
accident given above?

Yes

Signature of Physician

Address

Frank H. Ruckel  
Landowns, Baltimore

PHYSICIAN  
OR CORONER

Accident or Suicide

New Cathedral

Nov. 6. 1808

Wm Cook.

Name  
in  
Full

Philip W. Littig.

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at Baltimore Town Baltimore Co. County

MARYLAND

Date of death 1908 Month Nov Day 29 Years Age 73 Months 26. Days

Sex Male Color or Race White Birth-place Baltimore Co Md

Occupation Dentist Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Thomas Littig

Father's Birthplace Baltimore Md

Mother's Maiden Name Sarah J. Bond

Mother's Birthplace "

Name of person giving information Murray Magnudori

How related to deceased Nephew

CAUSES OF DEATH

64

How long

How long

years.

48 hrs.

Primary Arterio-sclerosis

Immediate Cerebral Hemorrhage

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. H. Woerking

PHYSICIAN  
OR CORONER

8

Address

Sta. H. Baltimore

Accident or Suicide?

Henry W. Mears & Son  
Baltimore, Md.

Emmorton, Harford Co.

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Henry Lynch

CERTIFICATE OF DEATH

Died at	Town	Baltimore			County	MARYLAND
Date of death	Month	Day	Age	Years	Months	Days
Sex	Male	Color	Colorado	17		
Occupation	Sailor	Race	Colorado		Birth-place	Jamaica
Married, Single or Widowed	Single	Name of Wife or Husband	None		Where Residing if not at place of death	Same
Father's Name	Unknown				Father's Birthplace	Unknown
Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown
Name of person giving information	Capt Ferdinand King				How related to deceased	None

CAUSES OF DEATH

Primary

Pulmonary Embolism

95

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of  
Physician

Address

Gordon W. S. Judy, M.D.  
3326 E. Ballost

Accident or Suicide?

A. G. Philbin -

1711 Maryland Ave.

---

~~Old~~ Old Methodist  
Cemetery.

Dec. 1<sup>st</sup> /08

---

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

Died at

Town

County

MARYLAND

Date  
of death

Month

Day

Years

Months

Days

1908 Nov. 23

about 55 yrs.

Sex

Male

Color or  
Race

White

Birth-  
place

do not know

Occupation

laborer

Where Residing if not  
at place of death

Arlington

Married, Single  
or Widowed

do not know

Name of Wife or  
Husband

do not know

Father's  
Name

do not know

Father's  
Birthplace

do not know

Mother's  
Maiden Name

do not know

Mother's  
Birthplace

do not know

Name of person giving  
Information

Robt. H. Emrich

How related  
to deceased

son

## CAUSES OF DEATH

166

How long

Primary

accident

How long

Immediate

killed by train-W.M.R.R.

Are the name, age, sex, color, date  
and place correctly given above?

yes.

Signature of  
Physician

Address

H. Holliday Emrich  
acting coroner  
Arlington Md.

Accident or Suicide?

accident

3

Jacob H Knapp

Name  
in  
Full

Jos. J. McCormick -

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1908	Nov	16 <sup>th</sup>	54	not Known	not Known	
Sex	Color or Race	White				
Occupation	Where Residing If not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	not Known					Father's Birthplace
Mother's Maiden Name	"	"				Mother's Birthplace
Name of person giving Information	Reed's Not Hope					How related to deceased

CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary Melancholia Ch-

How long over 10 yrs

Immediate ex-toxic Diarrhea

How long abt 3 or 4 wks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

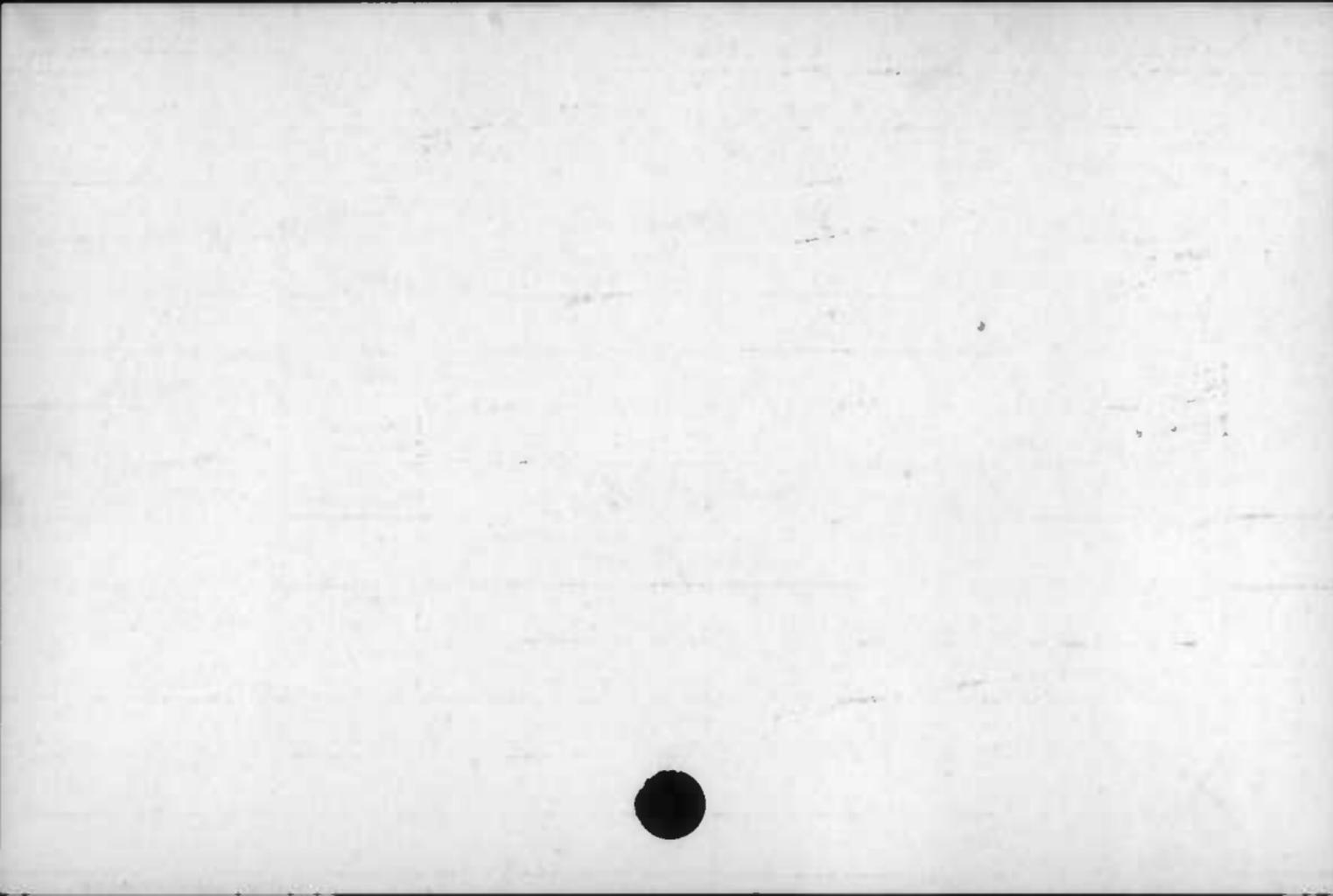
Signature of  
Physician

Frank J. Launay

Address

517 State St. Md.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

James Mc Nicholas

CERTIFICATE OF DEATH

Died at Sparrows Point		County Baltimore		MARYLAND		
Date of death 1908	Month Nov.	Day 18 <sup>th</sup>	Years 80	Months —	Days —	
Sex Male	Color or Race white	Birth-place Ireland				
Occupation Laborer	Where Residing if not at place of death Sparrows Point					
Married, Single or Widowed	Name of Wife or Husband Unknown					
Father's Name	Father's Birthplace Ireland					
Mother's Maiden Name	Mother's Birthplace Ireland					
Name of person giving information	How related to deceased son					

CAUSES OF DEATH

Primary

Paralysis

64

How long

2 days

Immediate

Cerebral Haemorrhage

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

8

Signature of Physician

G. J. McCormick M.D.

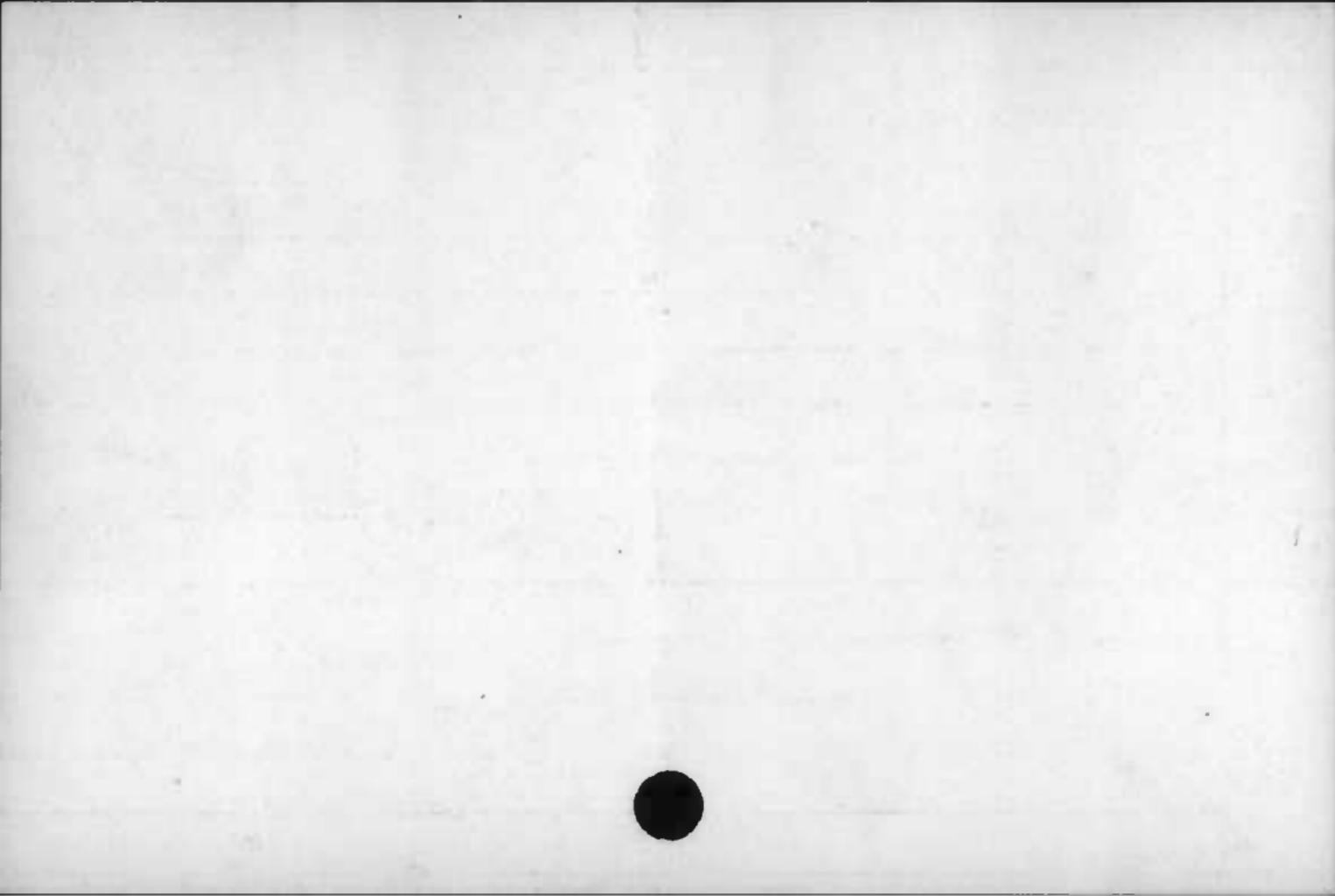
Address

Sparrows Point

Md. 15

Accident or Suicide?

no



Name  
in  
Full

Catherine A Mack

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Age
Sex	Color or Race	Birth- place	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Housewife	
Father's Name	Mrs. Brown		
Mother's Maiden Name	Ann Gelling		
Name of person giving Information	Harris & Mack		

120

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Nephritis

How long

At home

Immediate

Lung disease

How long

At home

Are the name, age, sex, color, date  
and place correctly given above?

Yes

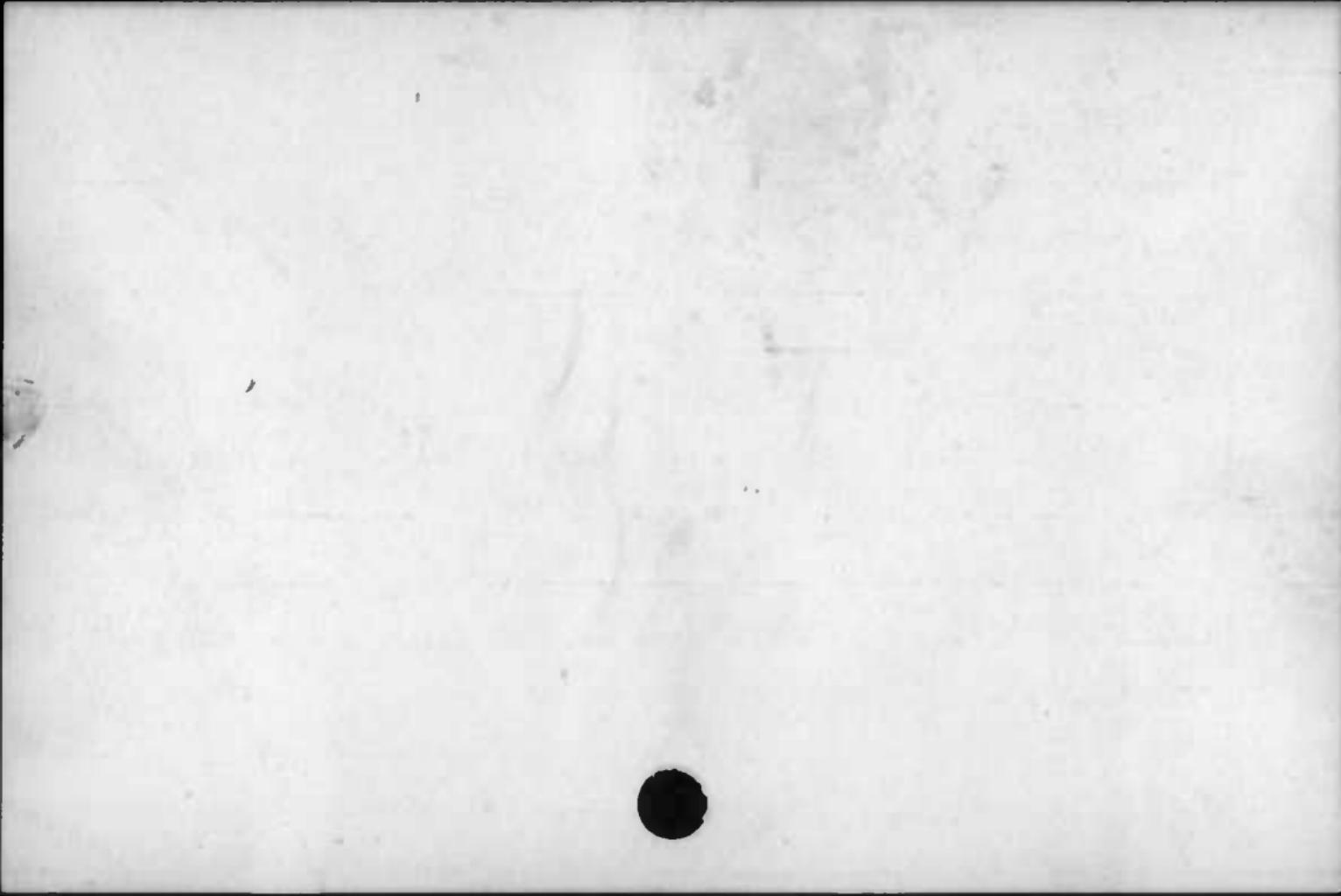
Signature of  
Physician

Address

Wm. E. Buppert  
Rosedale 2nd  
Baltimore Co. Md.

if

Accident or Suicide?



Name  
in  
Full

Paroline March

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	West port			
Father's Name	Edward Miller	Father's Birthplace	unknown		
Mother's Maiden Name	unknown	Mother's Birthplace	unknown		
Name of person giving Information	John March	How related to deceased	Son		

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Cardiac asthma and convulsions		How long	8 weeks.
Immediate	Paralysis of brain		How long	24 hours.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Reginae. Bet. Wmns	
J		Address	med. 13	
Accident or Suicide?				

Elanor & Margaret J. Lynn  
London Park Cemetery

Name  
in  
Full

Agnes Julia Maisak  
Town County

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Town County  
Date Month Day Years Months Days  
of death 1908 11 27 Age 50 3 —  
Sex Female Color or Race white Birth-place End

Occupation Housewife Where Residing if not  
at place of death

Married, Single  
or WidowedName of Wife or  
Husband

Father's Name

Ferd. Welsch

Father's Birthplace

Dont Know

Mother's Maiden Name

Dont Know

Mother's Birthplace

Unknown

Name of person giving  
Information

Rev. J. Maisak

How related  
to deceased

Husband

## CAUSES OF DEATH

93

Primary

Pneumonia

12 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

A. Warner M.D.  
320 Highland Ave.

8

Accident or Suicide?

no

PHYSICIAN  
OR CORONER

St Marys Cemetery.

Nov 30, 1908.

Robt T. Purser,  
undertaker,

Name  
in  
Full

Ulrich Marunia

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	white	Birth-place	Highlandtown	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Frank Marunia			Father's Birthplace	Bohemia
Mother's Maiden Name	Stelen Svitak.			Mother's Birthplace	Bohemia
Name of person giving information	Frank Marunia			How related to deceased	Father

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary

Sanitation

How long

2 1/2 days.

Immediate

Cardiac Failure

How long

for hrs.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. F. A. Glantz  
3241 Eastern Ave. Els.

8

Accident or Suicide?

Frank & Crock Son-

Oak Hill Cem.  
Nov. 9/08;

Name  
in  
Full

Sarah E. Matthews

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	59	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Wm Ebb,	Father's Birthplace	St Mays Co	
Mother's Maiden Name	Sarah Sasaway	Mother's Birthplace	Conall Co	
Name of person giving Information	Joseph W Ebb,	How related to deceased	Brother	
CAUSES OF DEATH				
Primary	Uterine Cancer.			
Immediate	Asthenia			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	42	
		Address	How long	
		Marshall B West, Catonsville, Md.	1 yr 1 month	

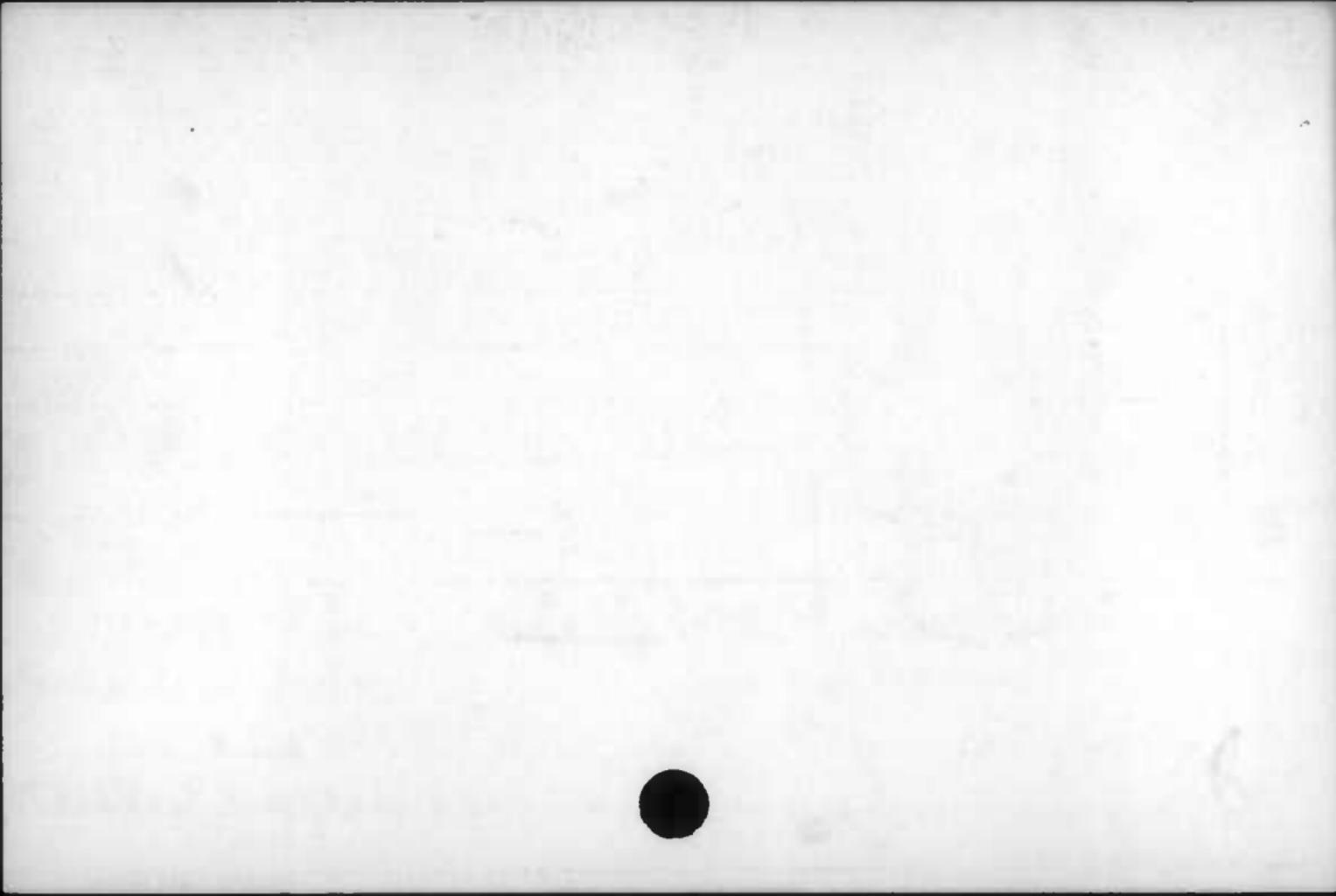
PHYSICIAN  
OR CORONER

g/s

Signature of Physician

Address

Accident or Suicide



Name  
in  
Full

Mary (a Marie) Maul (nee' Apple)

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County		
Died at Canton 5239 Ellis St.	Baltimore		
Date of death 1906	Month Nov	Day 26	Years 74
Sex female	Color or Race white	Birth-place Germany	Months — Days —
Occupation Housewife	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband John M. Maul		
Father's Name don't know	Father's Birthplace Germany		
Mother's Maiden Name don't know	Mother's Birthplace Germany		
Name of person giving information Carrie F. Maul	How related to deceased daughter		

CAUSES OF DEATH

90

Primary Subacute bronchitis & tbc	How long oft 2 mos.
Immediate Exhaustion	How long oft 2 weeks
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. P. Morris
J	Address Canton & Dillon Sts. Baltimore
Accident or Suicide?	

St Pauls Cemetery

Nov. 30/08

J. Sander Sons

Name  
in  
Full

Henry Mentel.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Perry Hall	Baltimore.		11	4
Date of death	Month	Day	Years	Months Days
1908. Nov.		21 <sup>st</sup>	80	
Sex	Male	Color or Race	White	Birth-place
Occupation	Tanner			
Married, Single or Widowed	Single	Where Residing if not at place of death		
Father's Name	Agnes Mentel			
Mother's Maiden Name	Margaretha Seubach			
Name of person giving information	August Mentel			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Old age	64	How long
Immediate	Aphoplexy.	2 days.	How long
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	H. J. Harrison.
8		Address	Rock Raven.
Accident or Suicide?			14

A. Michael

Name  
in  
Full

Eros Strideler Miller

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at

Shane

Town

County

MARYLAND

Date  
of death

1908

Month

Nov.

Day

4

Years

78

Months

7

Days

14

Sex

Male

Color or  
Race

White

Birth-  
place

Pennar

Occupation

Painter

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Abigail Ann Booges

Father's  
Name

James A. Miller

Father's  
Birthplace

Pa

Mother's  
Maiden Name

Martha Evans

Mother's  
Birthplace

Pa

Name of person giving  
Information

Cortland S. Miller

How related  
to deceased

Son

CAUSES OF DEATH

120

How long

Primary

Uraemia

7 one  
week

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

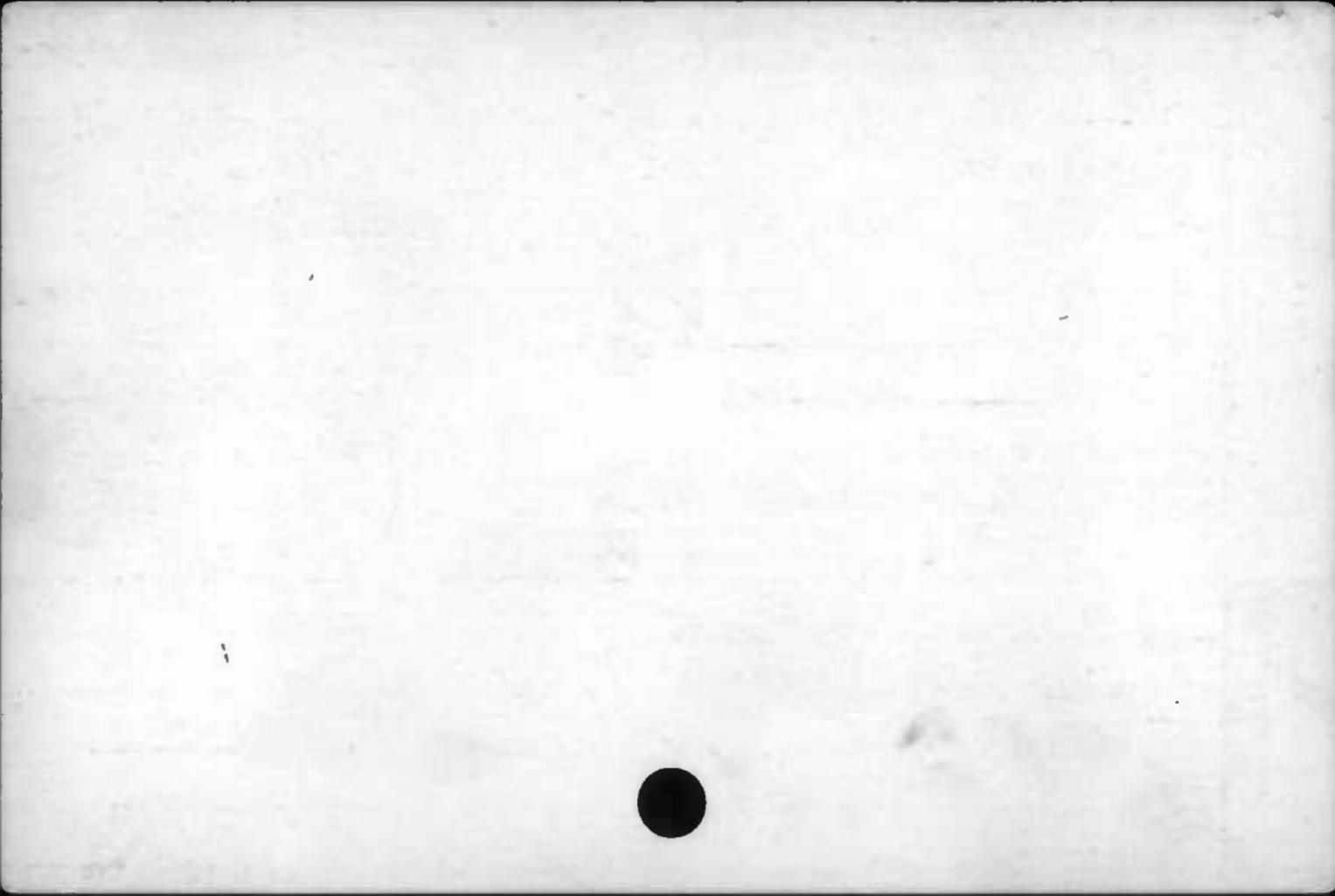
Signature of  
Physician

Address

Cortland Strideler  
Shane,  
W.M.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

George A. Miller

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

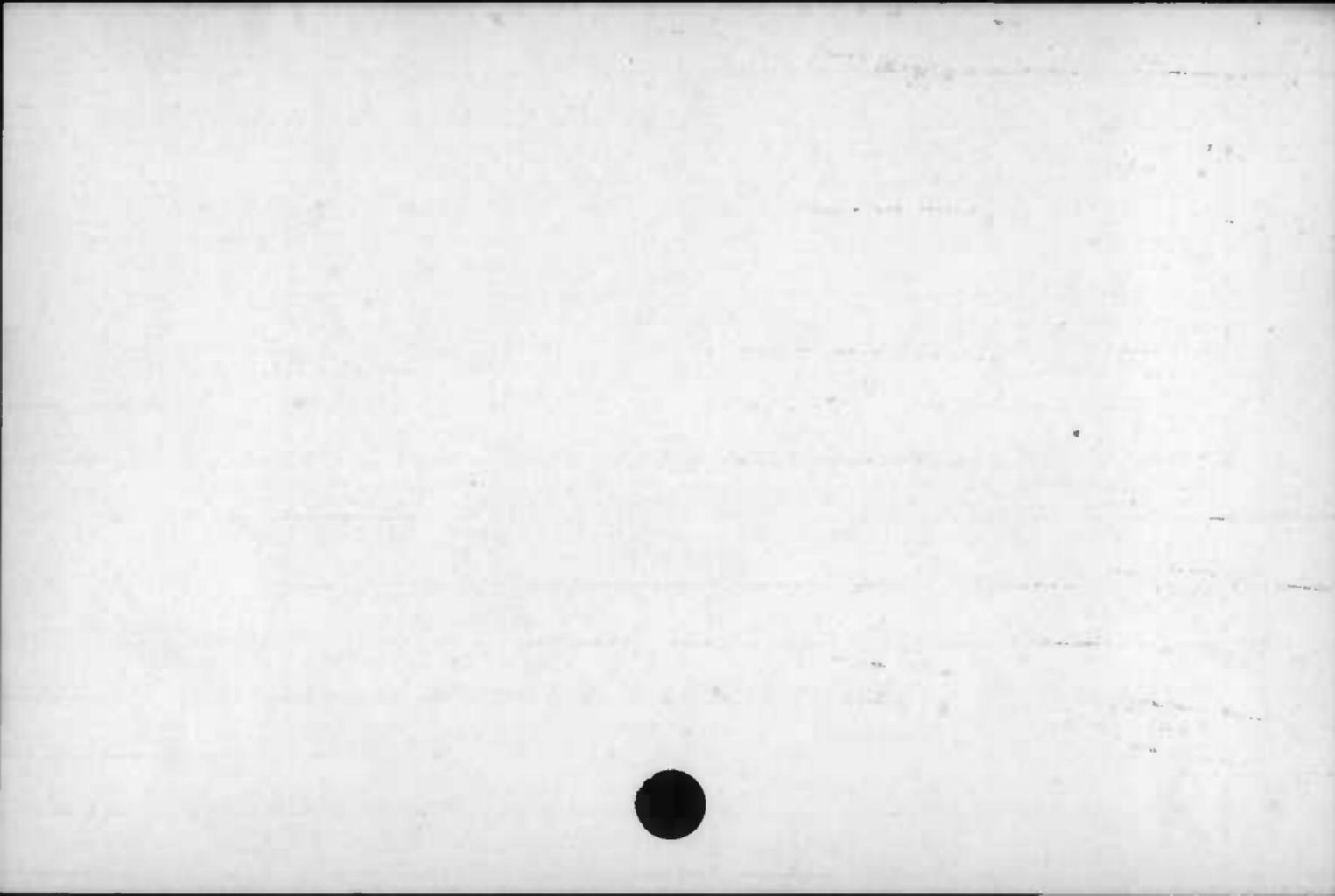
Town Died at	County				
Mt. Hope Retreat	Baltimore				
Date of death 1908	Month Mr	Day 18	Years Age 49	Months 9	Days 23
Sex Male	Color or Race White	Birth-place Md -			
Occupation Laborer	Where Residing if not at place of death Texas Md -				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Mr. Miller	Father's Birthplace Md				
Mother's Maiden Name Mary J. Briggs-Miller	Mother's Birthplace Md -				
Name of person giving information Race Mt. Hope Retreat	How related to deceased Not at all				

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	Mania Chronic	How long over 10 yrs
Immediate	Ex. Pneumo Pneumonia	How long 8 or 10 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Frank J. Flannery	
J	Address Mount Hope Retreat	
Accident or Suicide?		



Name  
in  
Full

Harry Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
sherwood	Balto.				
Date of death	Month	Day	Years	Months	Days
1908	Nov.	10	Age 25	9	-
Sax	Color or Race	Birth-place			
Male	white	Md.			
Occupation	Where Residing if not at place of death				
Sabover	sherwood				
Married, Single or Widowed	Name of Wife or Husband	Annie Miller			
Spouse	John Miller	Father's Birthplace Pecon			
Mother's Maiden Name	Mary Holtapple	Mother's Birthplace Pecon			
Name of person giving Information	Annie Miller	How related to deceased wife			

CAUSES OF DEATH

116

PHYSICIAN  
OR CORONER

Primary

Pneumonia

How long

5 days

Immediate

Peri Carditis with effusion

How long

Ten hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J.S.B. Shinnison M.D.

Ridens Rd

Accident or Suicide

John Burns Sons

Satir's Cemetery

Chestnut  
Ridge



Name  
in  
Full

Jane Magle

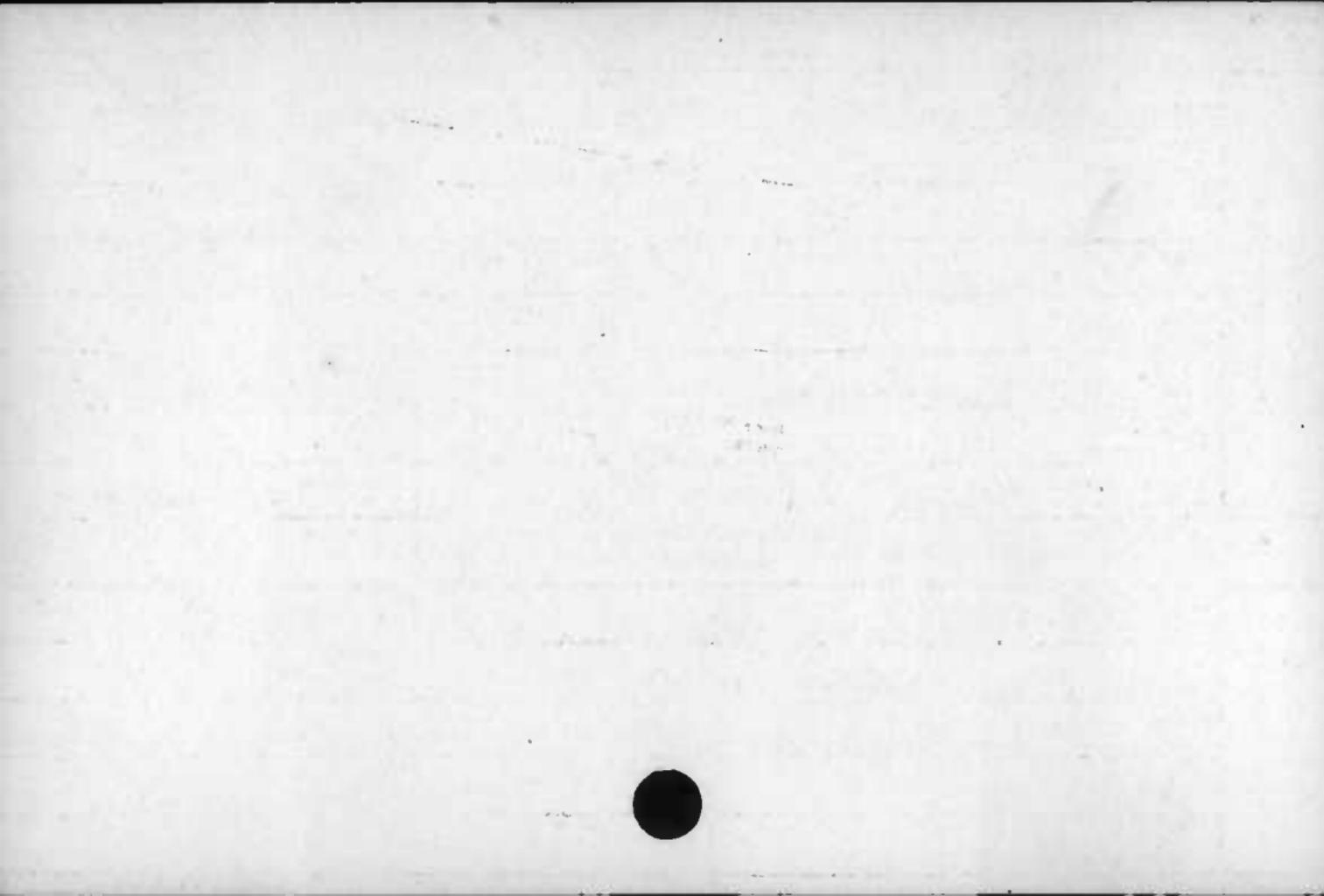
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months Days
Sex	Color or Race	white	Birthplace	Baltimore, Md.	
Occupation	Where Residing if not at place of death			Mass.	
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	not Known			Father's Birthplace	
Mother's Maiden Name	" "			Mother's Birthplace " "	
Name of person giving information	Rece's N/A Hope			How related to deceased not at all	

CAUSES OF DEATH

Primary	Melancholia	68	How long
Immediate	Ex. Autoxanthia - Collapse		12 or 15 mos
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
J		Frank J. Flanagan	
Accident or Suicide?		McKeeen Reptek Balt Co. Md.	



Name  
in  
Full

John Nitzel

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Highlandtown

County

Baltimore

MARYLAND

Date of death

Month

1908 11

Day

8

Year

53

Month

9

Day

Sex

Male

Color or Race

White

Birthplace

Germany

Occupation

Butcher

Where Residing if not  
at place of death

417 S. Highland

Married, Single  
~~or Separated~~

M

Name of Wife or Husband

Margaret Nitzel

Father's Name

Unknown

Father's Birthplace

Unknown

Mother's Maiden Name

Unknown

Mother's Birthplace

Unknown

Name of person giving Information

Margaret Nitzel

How related to deceased

Wife

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

64

How long

12 hrs.

Immediate

Paralysis

How long

13 hrs.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Dr. Seamus

J

Address

3241 Eastern Ave.

PHYSICIAN  
OR CORONER

Accident or Suicide

Oak Lawn Cem.

Hennigson

11/10/08

Name  
in  
Full

# Still Born Nocks

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Never resided			
Father's Name	Never was married				
Mother's Maiden Name	Isaac Nocks				
Name of person giving information	Isaac Nocks				

### CAUSES OF DEATH

(S)

How long

Instantaneous

How long

Instantaneous

Primary

Still Born

Immediate

Still Born

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

De Roy & Son Greenwch  
Lodging

Accident or Suicide?

No.

John Burns Sons  
Towson

Sandy Bottoms.  
Cem.

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Benjamin A. Morris

CERTIFICATE OF DEATH

Died at Lowsen

County

MARYLAND

Date of death 1908

Month Nov.

Day 23

Years

Age 63

Months

Days

Sex Male

Color or Race (Cal)

Birth-place Md.

Occupation Labour

Where Residing if not  
at place of death

Lowsen

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

Lizzie Morris

Father's Name

Henry Morris

Father's Birthplace

Md

Mother's Maiden Name

Caroline Hicks

Mother's Birthplace

Md

Name of person giving  
Information

Lizzie Morris

How related  
to deceased

wife

CAUSES OF DEATH

120

How long

2 years

How long

24 hours

Primary

Bright's Disease

Immediate

Cardiac Arrest

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

J. Benjamin Grunwald,  
Lowsen Md.

J.

Accident or Suicide?

No.

Nov 26. 1908

Skaford 60 sec

Baldw<sup>y</sup> Staitor

Bal 60 sec

P. M. Elliott

Name  
in  
Full

Ella Catherine Nortell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Died at	Morrell Park	County-	Balto	MARYLAND		
Date of death 1908	Month 11	Day 29	Years 28	Months	Days	
Sex female	Color or Race	White	Birthplace	Baltimore Md		
Occupation Housewife	Where Residing if not at place of death			Morrell Park Baltw		
Married, Single, or Widowed	Name of Wife or Husband	Thomas Nortell			Father's Name	Baltw Md
Father's Name	John Drury				Mother's Name	Germany
Mother's Maiden Name	Catherine F. Faeth				How related to deceased	Husband
Name of person giving Information	Thomas Nortell					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Acute appendicitis

118

How long

80 months

Immediate

Pelotomitis

How long

12 hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

R. H. Garrison  
not business  
med

Accident or Suicide

Western Cemetery.  
Jos B Cook.  
Undertaker.

Name  
in  
Full

Catharine Orendoff

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Garrison

Town

County

MARYLAND

Date of death 1908 Month Nov Day 27 Age 58 Years Months — Days —

Sex Female Color or Race white

Birthplace Battaltimore, Md.

Occupation

House wife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married Name of Wife or Husband

Jennie Orendoff

Father's Birthplace

Germany

Father's Name

John Romeo

Mother's Birthplace

Germany

Mother's Maiden Name

Elizabeth Glau

How related to deceased

Husband

Name of person giving information

Jennie Orendoff

CAUSES OF DEATH

120

How long

About 1 year

How long

A few months

PHYSICIAN  
OR CORONER

Primary

Bright's Disease

Immediate

Heart Failure

Signature of Physician

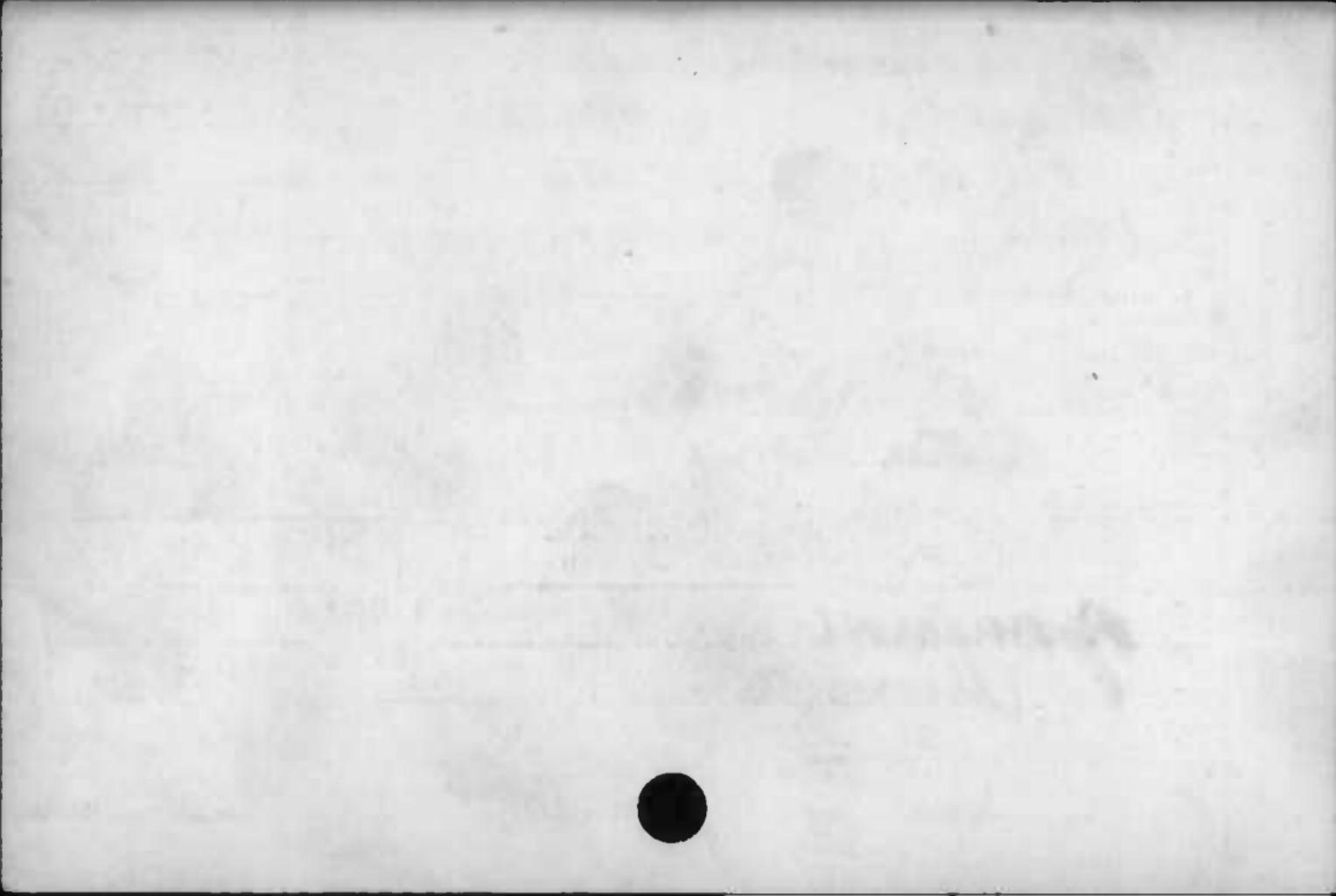
W.H. Campbell

Address

Owings Mills, Md.

X

Accident or Suicide?



Name  
in  
Full

Walter Thomas Paxton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Philofolis	Baltimore		
Date of death	Month	Day	Years
1908	11	3	Age 22
Sex	Male	Color or Race	Birth-place
Occupation	Farm Labourer	Where Residing if not at place of death	Philofolis
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Levi Thomas Paxton	Father's Birthplace	Baltimore Co
Mother's Maiden Name	<del>Eliza</del> Mary C. McDonald	Mother's Birthplace	Norfolk, Va
Name of person giving information	Levi Paxton	How related to deceased	Father

CAUSES OF DEATH

121

How long

8 months

7 days

How long

B. M. Sherman, M.D.

Address

Glencoe Ind 8

Primary

Pyromania

Immediate

Phrenia

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Accident or Suicide?

J

卷之三

七

平



七

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Souza Perry -

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County.				
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Joseph Perry -				
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving information	How related to deceased					

1908 November 3rd. 17 yrs. unknown -  
Male Colored New Haven Co.  
Bookkeeper  
Widow. unknown  
unknown unknown  
Eliz. Brown -  
None -

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Tuberculosis -

How long

7 yrs -

Immediate

Hemorrhage - lung.

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Frederick J. Beale M.D.  
Haley Farm Md.  
13th District 13

Accident or Suicide?

Dr. Ruhe -

bans down - Md.

Long  
runway & W

Gert H. Holland  
1128 Argyle Ave  
Montgomery, Md.

Name  
in  
Full

Geo. A. Posey

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
1908	Nov	3	Years	1	Months	7
Sex	Male	Color or Race	Cal	Birth-place	ned	
Occupation	Infant	Where Residing if not at place of death		Lowers		
Married, Single or Widowed	Single	Name of Wife or Husband	Not married			
Father's Name	End. Posey			Father's Birthplace	Md.	
Mother's Maiden Name	Lizzie Boyer			Mother's Birthplace	Md	
Name of person giving information	End. Posey			How related to deceased	Other	

CAUSES OF DEATH

93

Primary	Pneumonia	
Immediate	Cardiac asthma	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	J. P. Ingster Green and Lowers Md	

John Burns Sons  
Sandy Bottoms  
cemetery  
Towson

Name  
in  
Full

# Infant Poapsidil

## CERTIFICATE OF DEATH.

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER.

Died at	Baltimore	Town	Co.	County	MARYLAND	
Date of death	190	Month	Nov.	Day	Years	Months Days
Sex	Male	Color or Race	white	Birth-place	Baltimore	
Occupation				Where Residing if not at place of death	Back River	
Married, Single or Widowed			Name of Wife	Wenceslaus J. Poapsidil		
Father's Name	Wenceslaus Poapsidil			Father's Birthplace	Bohemian	
Mother's Maiden Name	Mony Prioel			Mother's Birthplace	Baltimore	
Name of person giving information	Mony Poapsidil			How related to deceased	Mother	

## CAUSES OF DEATH

61

How long

12 days

How long

2 days

Primary

Measuring its  
Back & Khanalios

Immediate

Are the name, age, sex, color, date and place correctly given above?

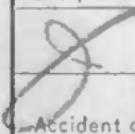
Yes

Signature of Physician

W. J. Rysavitch

Address

2008 Eshland Dr



Accident or Suicide?

Dr McChesney  
Volunteer & 7000 miles

---

George M. Trials  
~~850~~ N.  
# 811 N. Wolf St.

---

Holy Redeemer Conv.  
Nov. 27/08

---

Name  
in  
Full

Wm. Price

CERTIFICATE OF DEATH

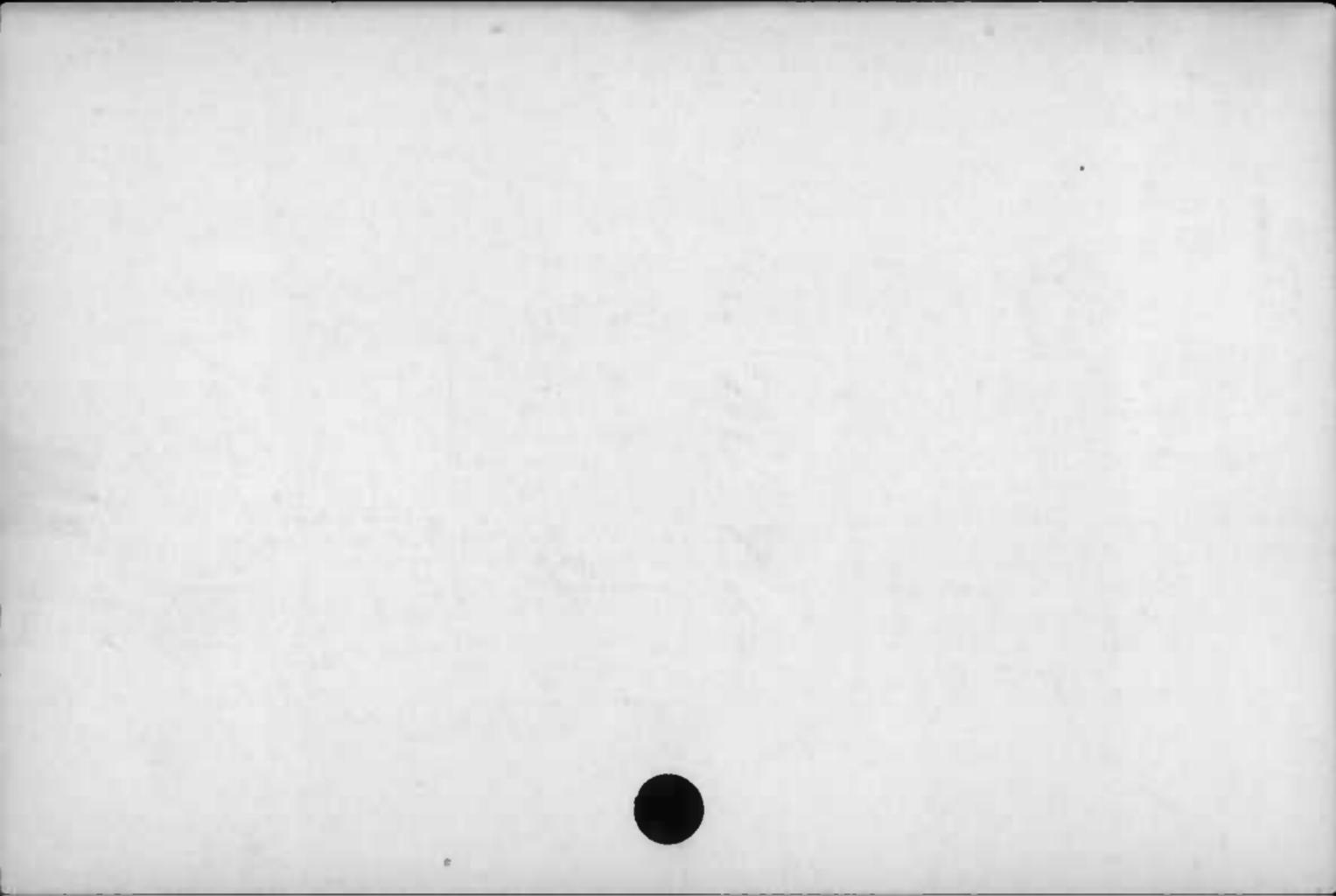
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		
Owings Mills		Baltimore.		
Date of death	Month	Day	Years	Months Days
1908	Nov	8	81	- -
Sex	Male	Color or Race	white	Birth-place
Occupation	Farmer			Where Residing if not at place of death
Married, Single or Widowed	Widow	Name of Wife or Husband	Lucinda Price	
Father's Name	Wm. Price			Father's Birthplace
Mother's Maiden Name	Sarah Board			Mother's Birthplace
Name of person giving Information	John Price.			How related to deceased
CAUSES OF DEATH				
Primary	Paralysis			
Immediate	Hypotaxis			
Are the name, age, sex, color, date and place correctly given above?				
Signature of Physician				
Address				

64

PHYSICIAN  
OR CORONER

Signature	W H Campbell
Address	Owings Mills Md
Accident or Suicide?	



Name  
in  
Full

Still Born Randall

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Phoenix	Baltimore			
Date of death	Month	Day	Years	Months	Days
1908	Jan	8	Still	Born	
Sex	Color or Race	Age	Birth-place		
Male	White	0 weeks	Phoenix		
Occupation	Where Residing if not at place of death			Phoenix	
Infant				Phoenix	
Married, Single or Widowed	Name of Wife or Husband	Still Born Infant			
Infant	Wilhelm J Randall				Plymouth Me
Father's Name				Mother's Birthplace	
Mother's Maiden Name	Kater E Sulton				Black Horse
Name of person giving information	N.J. Randall				Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Unknown

(S)

How long

Immediate

Unknown

Unknown

Are the name, age, sex, color, date and place correctly given above?

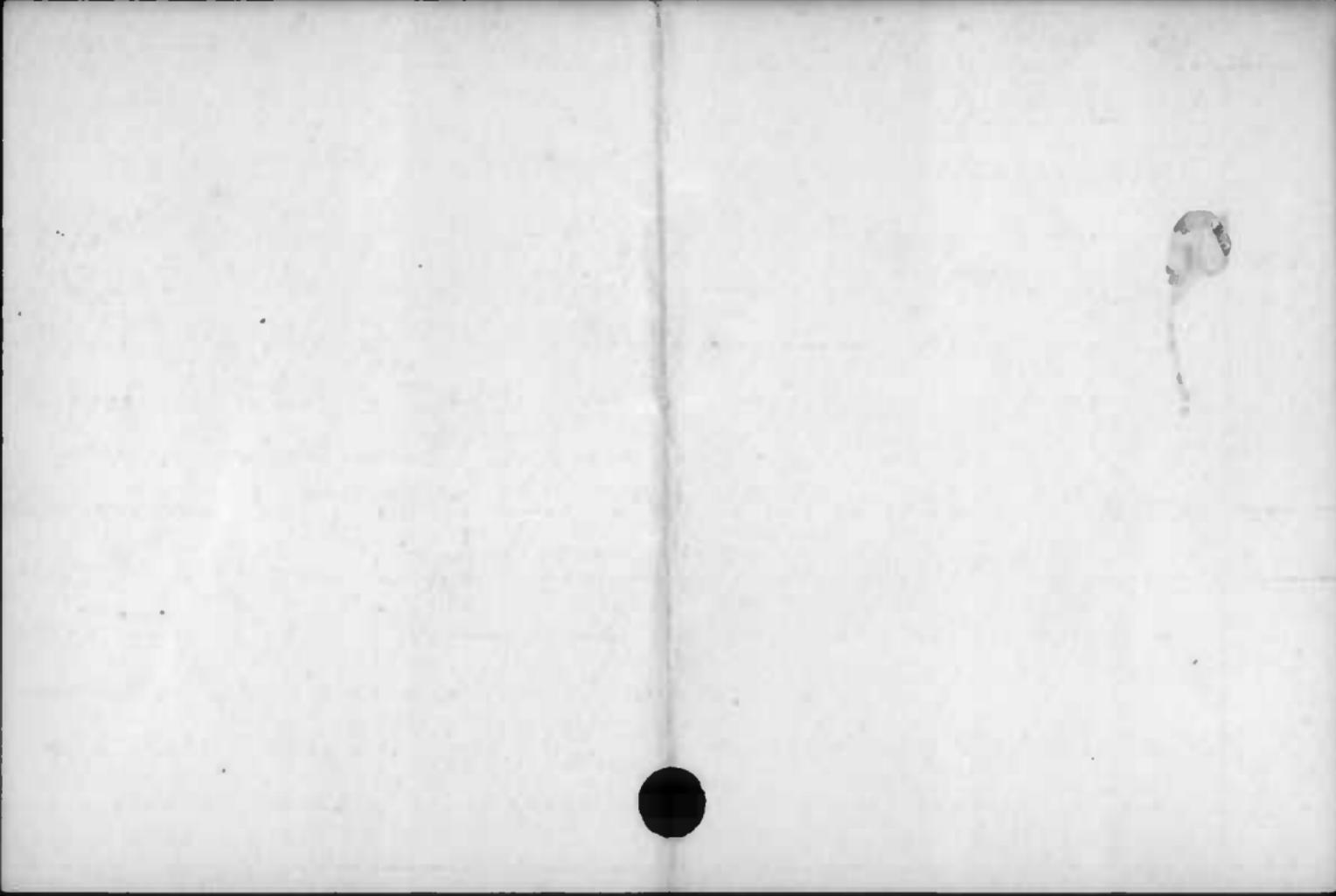
Yes

Signature of Physician

Address

Dr. B.B. Byason  
Lackawanna Md

Accident or Suicide?



Name  
in  
Full

Rosina Rauch

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND
Died at	Balto.	
Date of death	Month Nov. 9 <sup>a</sup>	Day
	Years 82	Months
Sex	Female	Age
Occupation	Color or Race	Birthplace
Married, Single or Widowed	Widow	Where Dwelling if not at place of death
Father's Name	Name of Wife or Husband	311 8 <sup>th</sup> Third St
Mother's Maiden Name	" "	Joseph Rauch
Name of person giving information	Anton Rauch	Father's Birthplace
		Mother's Birthplace
		How related to deceased
		Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Apsopyle

64

How long  
6 hours

Immediate

Paralysis

How long  
16 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. F. A. Glantz

Address

3241 Eastern Ave.

Accident or Suicide?

Sacred Heart Cemetery

Nov 12<sup>th</sup> 08

Lilly and Zeiler  
undertakers

Name  
in  
Full

Josephine Roberts

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County			MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Blk	Birth-place	Baltimore Co. Md.	
Occupation	Home	Where Residing if not at place of death			Home	
Married, Single or Widowed	Wife or Husband	John Roberts			Father's Birthplace	
Father's Name	Benjamin Johnson				Baltimore Md.	
Mother's Maiden Name	Martha Johnson				Mother's Birthplace	
Name of person giving information	Husband & John Roberts				How related to deceased	

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

How long

4 months

Immediate

General failure of vital functions

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Joe Benson

Address

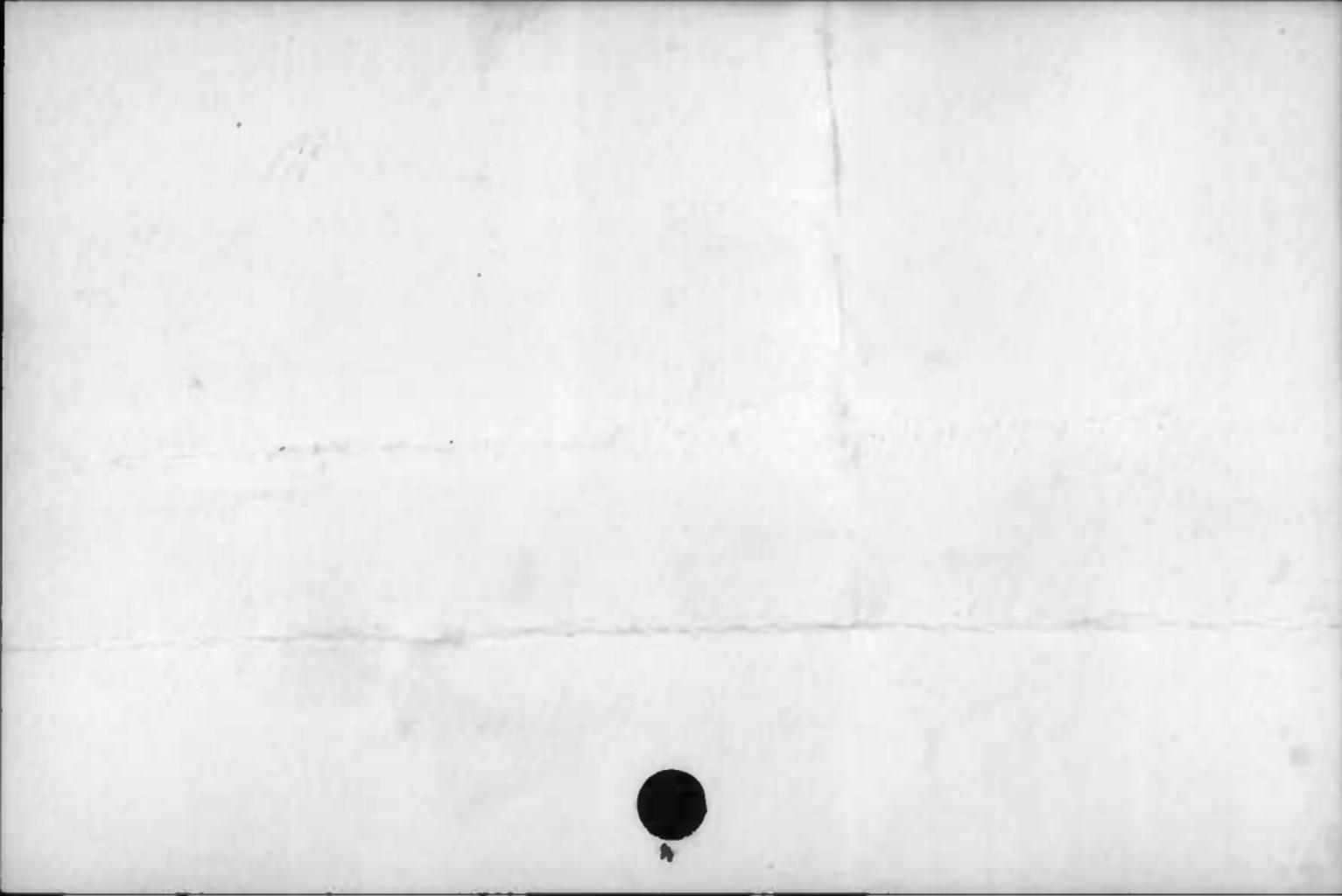
Baltimore

Accident or Suicide?

No

8th District

March



Name  
in  
Full

James. B. Robinson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	Highlandtown		County	Balti	
Died at	Month	Day	Years	Months	Days
Date of death 190	Nor	14	Age 75		4
Sex	Male	Color or Race	White	Birth-place	Baltimore City
Occupation	Merchant		Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of Wife or Husband	Ellen Elizabeth Robinson (widow)		
Father's Name	Thomas Robinson		Father's Birthplace	England	
Mother's Maiden Name	Marion Unknown		Mother's Birthplace	Unknown	
Name of person giving information	Elvora France		How related to deceased	Daughter	
CAUSES OF DEATH					
Primary	Pneumonia				
Immediate	"				
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Edwin B. Feaby, M.D.	
9			Address	1219 N. Caroline st Balti. Md	

PHYSICIAN  
OR CORONER

9

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

1219 N. Caroline st  
Balti. Md

Accident or Suicide? No

93

How long 6 days

..

LIBRARY BUREAU ASSOC

CHRISTIAN MILLER.  
UNDERPAKER & EMRINGER.  
2334 Jefferson St. N. W. Cor. Montford Ave.  
Baltimore Md.

Camp. Chappel  
Nov 17 / 08

Name  
in  
Full

Samuel H. Roe

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County			
Orangeville			Baltimore		MARYLAND	
Date of death	Month	Day	Years	Month	Days	
1908	Nov	19	81	-	4	
Sex	Color or Race	Age		Birth-place		
Male	American	81		Caroline Co., Md		
Occupation	Where Residing if not at place of death					
Stone						
Married, Single or Widowed	Name of Wife or Husband		Sarah J. Roe,		Father's Birthplace	Caroline Co., Md
Married					Mother's Birthplace	Caroline Co., Md
Father's Name	Thomas Roe				How related to deceased	Son
Mother's Maiden Name	Jane Duxden				92	How long
Name of person giving Information	Samuel H. Roe				Two days	One day.

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Bronchopneumonia

Immediate

Respiratory failure

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

G. G. Ryser

Address

2000 E. Baltimore



Yes

Accident or Suicide

Geo W Little  
531 N Fremont Ave

—  
London Park

Nov 22 1908

Name  
in  
Full

Mary M. Rothe

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace		
Mother's Maiden Name	Mary M. Schoppely	Mother's Birthplace	Balto Co.		
Name of person giving Information	Mr Root Ramig	How related to deceased	Brother-in-Law		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Malaria	How long	17 days
Immediate	Mitral Stenosis	How long	24 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

H.K. Petekian

Sparrows Pt  
Md.

Accident or Suicide?

8

1st German Com

Nov 13 th 1908

H Nicollans & Son

1820 Stanton Ave

Name  
in  
Full

Rev. Ambrose Sanning

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Birth- place				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Father's Birthplace					
Mother's Maiden Name	" "	Mother's Birthplace				
Name of person giving Information	How related to deceased					

mt Hope Retreat Baltimore

1908 Nov 6th 61 not known not known

male white Ohio -

Religious - Brookland D.C.

Single

not known

" "

Reeds mt Hope

not known

not known

not at all

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Melancholia

68

How long

over 2 yrs -

Immediate

Ex-Saints & Knights -

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

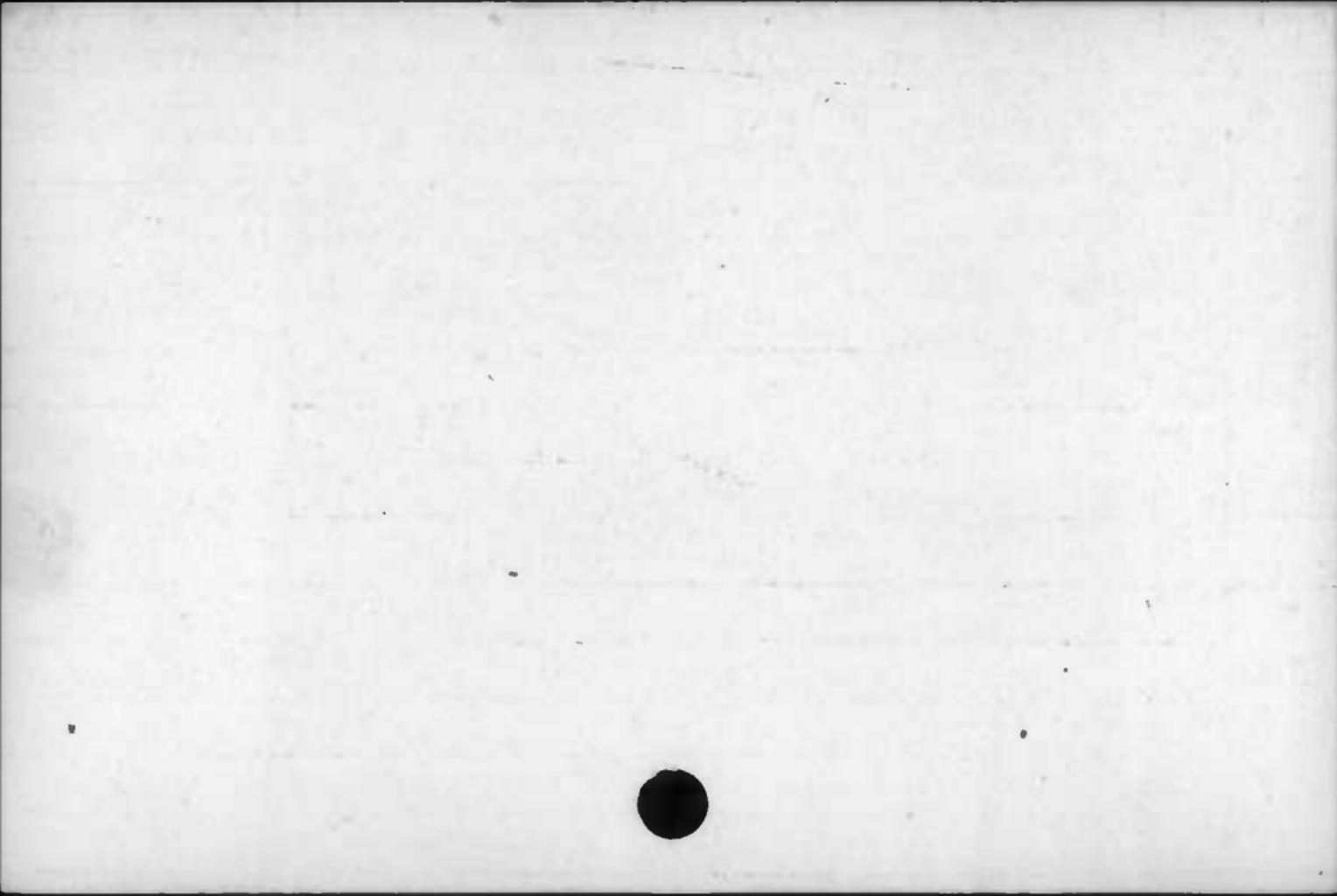
Signature of  
Physician

Address

Frank J. Laewey,  
Mt Hope Retreat

Accident or Suicide?

J



Name  
in  
Full

Annie In Schneider Schneider

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Balto	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	29 6 27
Occupation	Where Residing if not at place of death	Europe	
Married, Single or Widowed	Name of Husband	John Schneider	
Father's Name	Michael Schubert	Europe	
Mother's Maiden Name	Annie In Sis	Unknown	
Name of person giving Information	John Schneider	Husband	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis.	
Immediate	Exhaustion	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Dr W. F. Claytor
8 Yes.	Address	Overlea Md 14th District
Accident or Suicide?		

27

How long

—

9 days

Holly Redeemer

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Still born infant of Henry and Rosy Schneider

CERTIFICATE OF DEATH

Town

County

Died at

Highlandtown Baltimore

MARYLAND

Month

Day

Years

Months

Days

Date  
of death 1908

Aug.

18<sup>th</sup>

Age

6

Sex

Female

Color or  
Race

Cubitt

Birth-  
place

Highlandtown

Occupation

Labourer,

Where Residing if not  
at place of death

402 7<sup>th</sup> St,

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Henry Schneider

Father's  
Birthplace

Balto. Md.

Mother's  
Maiden Name

Rosy Mack

Mother's  
Birthplace

Balto. Md.

Name of person giving  
Information

Henry Schneider

How related  
to deceased

Hattie

CAUSES OF DEATH

Primary

Still born infants  
about 6 months,

(S)

Immediata

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Nora Spenning  
Placed St 741 Greenlawn

Accident or Suicide

Trinity Com.  
John Hernig for  
Nov 18/08

~~Holy Trinity Cemetery~~

Balt. County,  
November 18<sup>th</sup>, 1908.

Name  
in  
Full

Mrs Anna C. Schowenger

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Calvertsville

Town

County

MARYLAND

Date of death 1908

Month Aug

Day 16

Years

Age 52

Months

Days

Sax F

Color or Race W

Birth-place

N.Y.

Occupation Sales lady

Where Residing if not  
at place of death

Washington D.C.

Married, Single  
or Widowed

Name of Wife or  
Husband

Unknown

Father's  
Birthplace

Germany

Father's Name Lewis Sotthbrenner

Mother's  
Birthplace

..

Mother's  
Maiden Name Anna

How related  
to deceased

sister

Name of person giving  
Information

Mrs A. S. Cahn

CAUSES OF DEATH

Primary

Streptococcus Infection

Septicemia

How long

4 days

Immediate

Heart Failure

How long

14th day

Are the name, age, sex, color, date  
and place correctly given above?

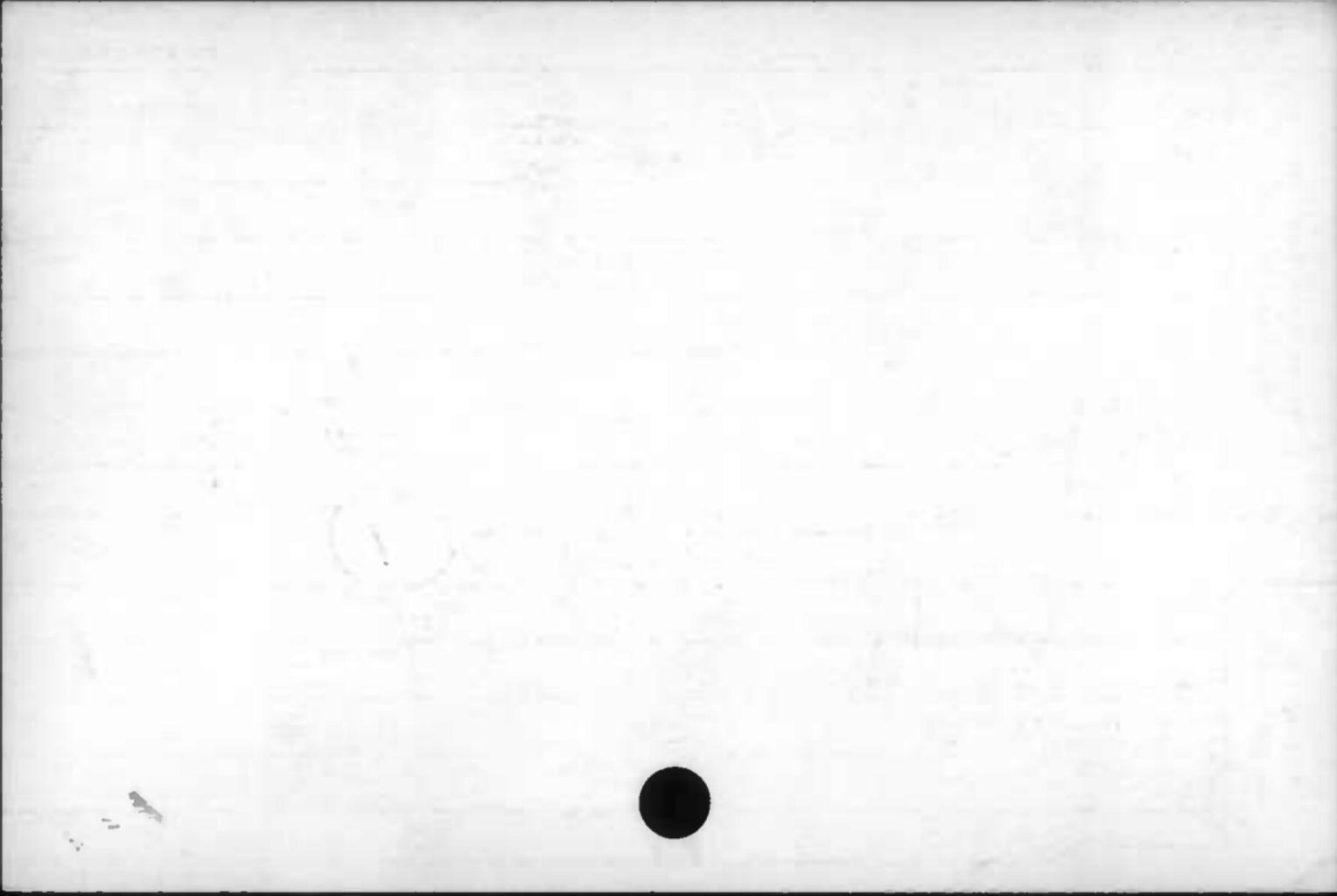
Y

Signature of  
Physician

Address

Synd S. Granary MD  
Ahal - Calvertsville  
Md 1

Accident or Suicide



## Asher Sealover

## CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	119 S. - 3 <sup>rd</sup> St.			
Father's Name	Mary Sealover				
Mother's Maiden Name	" " "	Father's Birthplace	Purina		
Name of person giving information	Son				
Chas. Sealover					

## CAUSES OF DEATH

Primary

Cerebral Hemorrhage

64

How long

5<sup>th</sup>

Immediate

Exhaustion

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. Dr. G. M. Sealover  
30 Gough  
Highlandtown Md.

J

Accident or Suicide?

10

Oak Lawn Cemetery  
Henry J. Jr.  
11/27/08

Name  
in  
Full

Margaret Ellen Seffton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Hamilton	Baldo			
Date of death	Month	Day	Years	Months	Days
1908	11	29	51	—	—
Sex	Female	Color or Race	white -	Birth-place	Md
Occupation	Housewife			Where Residing if not at place of death	Hamilton
Married, Single or Widowed	Married	Name of Wife or Husband	Charles A. Seffton		
Father's Name	Alexandra Kennedy			Father's Birthplace	Ireland
Mother's Maiden Name	Elizabeth Craig			Mother's Birthplace	Ireland
Name of person giving information	Charles A. Seffton			How related to deceased	Husband

CAUSES OF DEATH

27

How long

18 Mo

How long

18 Mo

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

Immediate

Pulmonary Tuberculosis

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

George L. Long, M.D.

Hamilton  
Md.

J

Accident or Suicide?

No

Baltimore, Trinity,  
Rev. J. Turner  
Mediator

Name  
in  
Full

Mrs Mary Ellen F. Shaw

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Midn Rd near Elkville</u>		County <u>Baltimore</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>November</u>	Day <u>12</u>	Years <u>78</u>	Months <u>1</u>	Days <u>6</u>	
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Ireland</u>				
Occupation <u>Houseshold duties</u>	Where Residing if not at place of death _____					
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>James F. Shaw</u>					
Father's Name <u>Cornelius Shaw</u>	Father's Birthplace <u>Ireland</u>					
Mother's Maiden Name <u>Mary Cushing</u>	Mother's Birthplace <u>Ireland</u>					
Name of person giving Information <u>Miss Cecilia Shaw</u>	How related to deceased <u>daughter</u>					

CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary <u>Hepatic Carcinoma</u>	How long <u>About 3 months</u>
Immediate <u>Syncope</u>	How long _____
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>Samuel Morrison</u>
<u>J</u>	Address <u>Elkville, Md.</u>
Accident or Suicide? <u>No.</u>	

New Cathedral

Jos B. Cook  
F. D.

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Elmer Thomas Smith

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death			Same	
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Doss Smith			Father's Birthplace	md
Mother's Maiden Name	Laura Poodör			Mother's Birthplace	md
Name of person giving information	Doss Smith			How related to deceased	Father

CAUSES OF DEATH

95

Primary Congestion of Lungs

Immediate , " "

Are the name, age, sex, color, date and place correctly given above?

Jes

Signature of Physician

Address

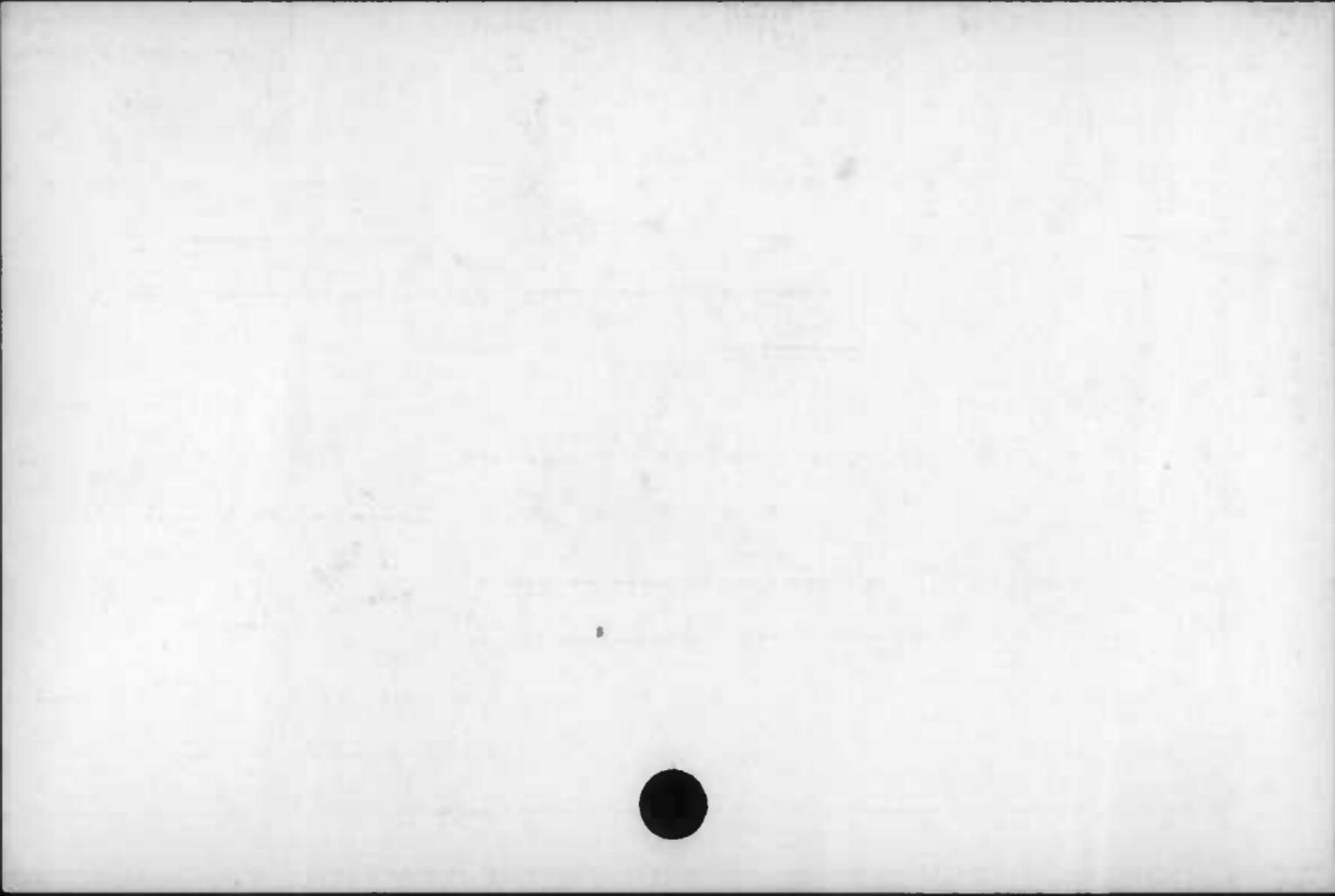
Dr. J. Green

Gillings 11

Accident or Suicide?

11<sup>th</sup> District

md



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Annie Sobolewski

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death			Name	
Married, Single or Widowed	Name of Wife or Husband	John C. Sobolewski			Father's Birthplace
Father's Name	John C. Sobolewski			Baltimore, Maryland	
Mother's Maiden Name	Matilda Ruth Kopack			Mother's Birthplace	
Name of person giving information	John C. Sobolewski			How related to deceased	

CAUSES OF DEATH

179

How long

How long

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

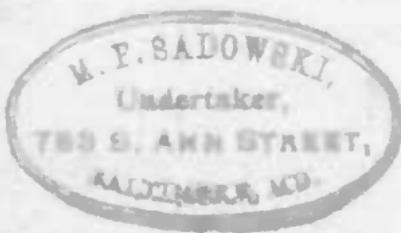
Address

Accident or Suicide?

2 m Church.

*St. Stanislaus.*

NOV 24 1908



George Lewis Sollers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Benjamin Franklin Sollers		Father's Birthplace	Baltimore Md	
Mother's Maiden Name	Margaret Essrich		Mother's Birthplace	Baltimore Md	
Name of person giving information	James L Sollers		How related to deceased	Son	
CAUSES OF DEATH					
Primary	Enlarged Prostate Gland		How long	Several months	
Immediate	Ironic Poison		How long	One week	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	B. Raborg M.D.	
			Address	104 Wm Royal Ave	
Accident or Suicide?			Baltimore Md 14		

125

273 Webster. Belgrave  
Belgrave Road Chestnut Hill Av

C G Franck  
Soudan Park

Name  
in  
Full

Anna Christina Spreman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County				
Died at	Baltimore	Baltimore			
Date of death	Month	Day	Years	Months	Days
1908	Nov	27 <sup>th</sup>	76	—	—
Sex	Female	Color or Race	White	Birthplace	Germany
Occupation	Retired	Where Residing if not at place of death	—		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Conrad Spreman		
Father's Name	Charles Gerlach	Father's Birthplace	Germany		
Mother's Maiden Name	Don't Know	Mother's Birthplace	Germany		
Name of person giving Information	Mr Anna Gutz,	How related to deceased	Daughter		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Infirmities of Age

154

How long

Immediate

Cardiac Insufficiency

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

A. C. Smink  
Woodlawn Sta. #3  
Md. 3

Accident or Suicide?

8

a

Name  
in  
Full

Lajinia Spurrier

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Ellicott City

County

Baltimore.

MARYLAND

Date

of death 1908

Month

Nov.

Day

17

Years

67

Months

2

Days

9

Sex

Female

Color or  
Race

White

Birth-  
place

Maryland

Occupation

House wife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Joshua Spurrier

Father's  
Name

Thomas Edwards.

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Martha A. Wilson

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Walter D. Spurrier

How related  
to deceased

Son

CAUSES OF DEATH

66

Primary

Paralysis

How long

4 months

Immediate

Severe attack

How long

5 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes,

Signature of  
Physician

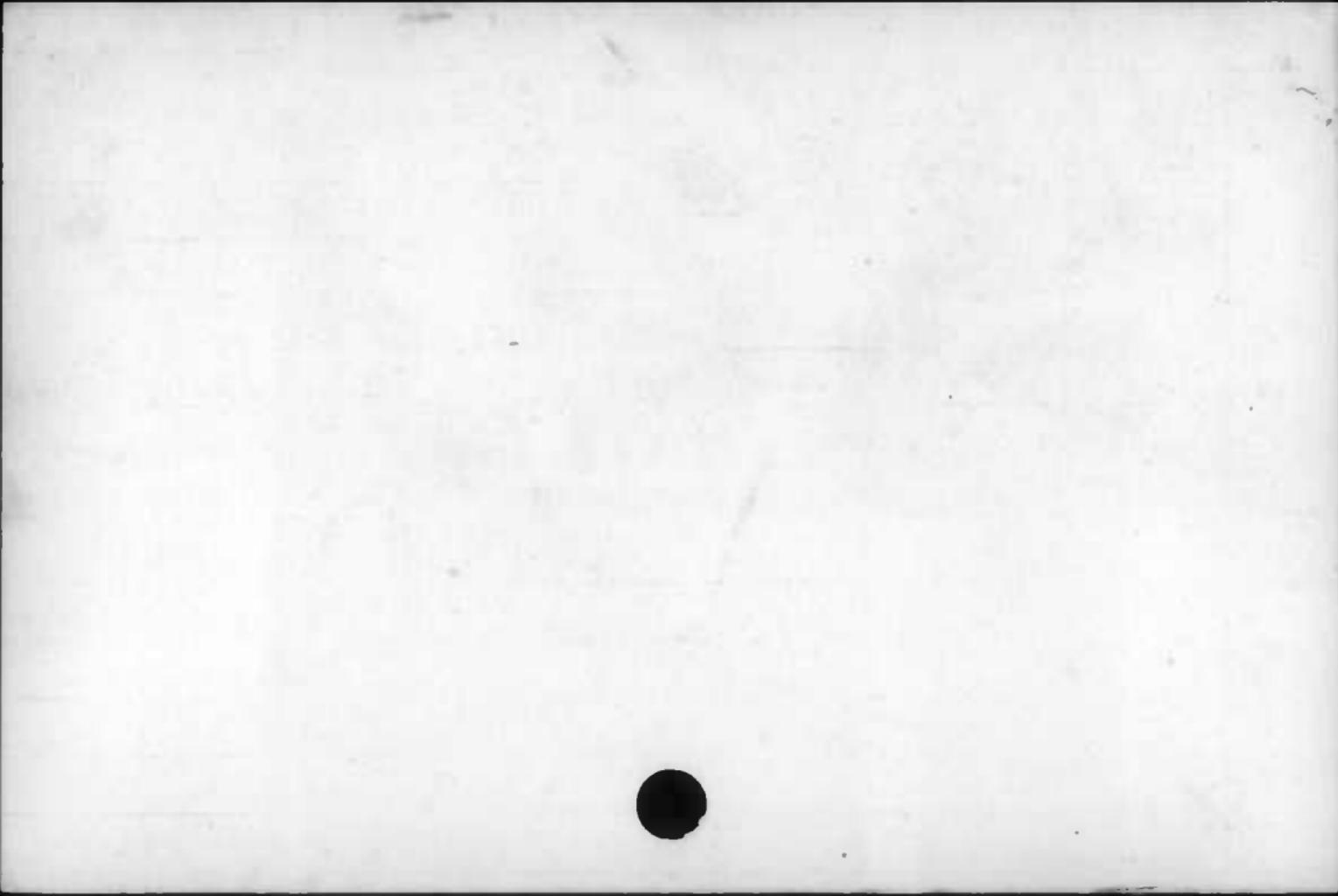
Address

The Barrings  
Ellicott City '11

PHYSICIAN  
OR CORONER



Accident or Suicide?



Name  
in  
Full

John C. R. Staniford

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	7	7	7
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Widowed	Name of Wife or Husband	Melvina Fished		
Father's Name	Joshua Staniford				
Mother's Maiden Name	Jennie Rutledge				
Name of person giving information	Resilla Boyer				

77

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Senile Lebility.

How long

Four years.

Immediate

Pericarditis

How long

Four months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

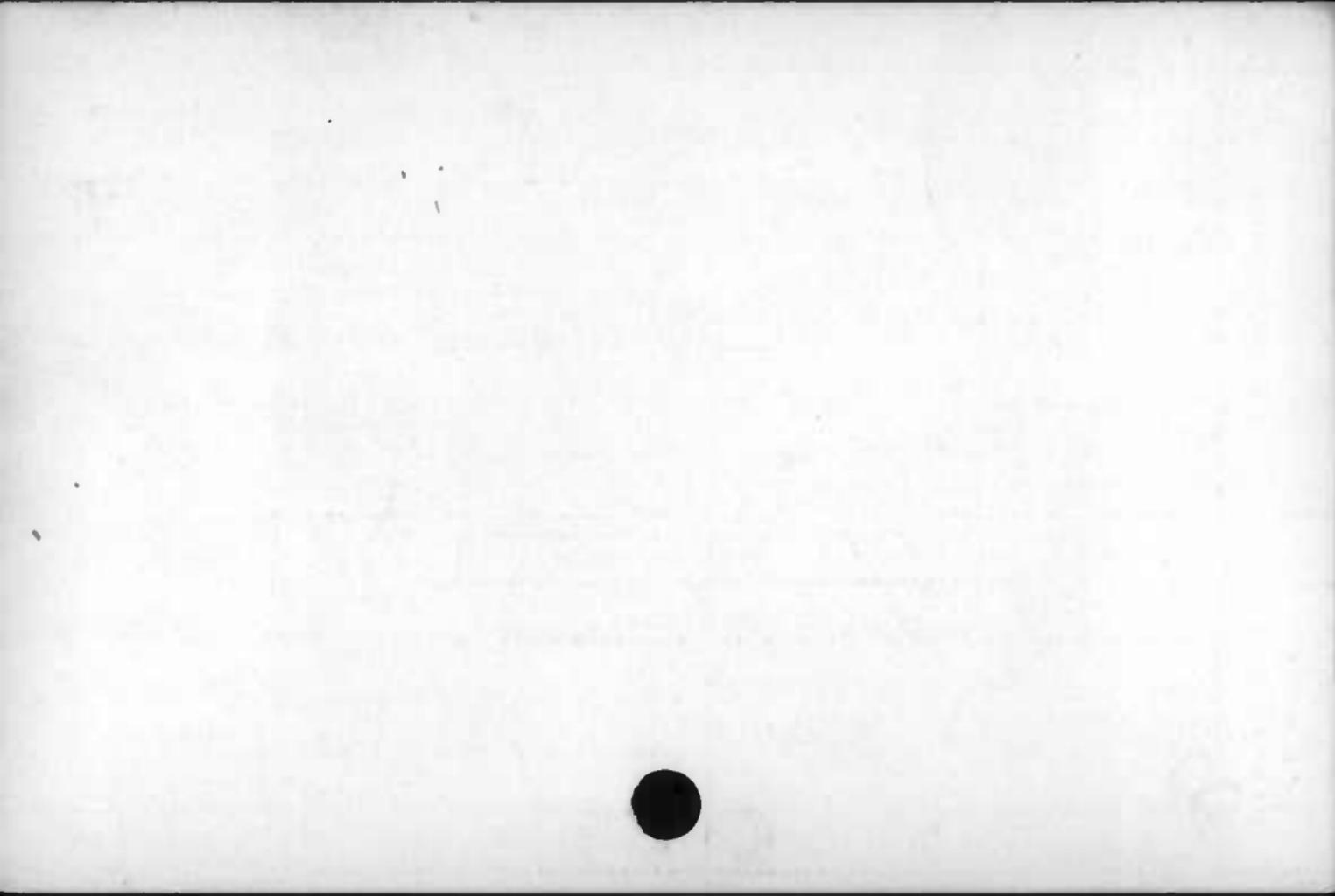
Address

Willard Stirling

Shane, Ind.

J

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Kesiah Standiford

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Died at	Near Parkton	Baltimore	Months	Days	
Date of death	Month	Day	Years	Months	Days
1908	11	11	58	1	11
Sex	Female	Color or Race	White	Birth- place	Md
Occupation	Housekeeper				
Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Vincent Standiford			
Widowed	Vincent Standiford	Father's Name	Md		
Father's Name	Augustus C. Lymon	Father's Birthplace	Md		
Mother's Maiden Name	Elizabeth C. Somers	Mother's Birthplace	Md		
Name of person giving Information	Cora C. Standiford	How related to deceased	Daughter		

CAUSES OF DEATH

120

How long

1 year

Primary

Bright's Disease

Immediate

Heart Failure

How long

1 month

Are the name, age, sex, color, date  
and place correctly given above?

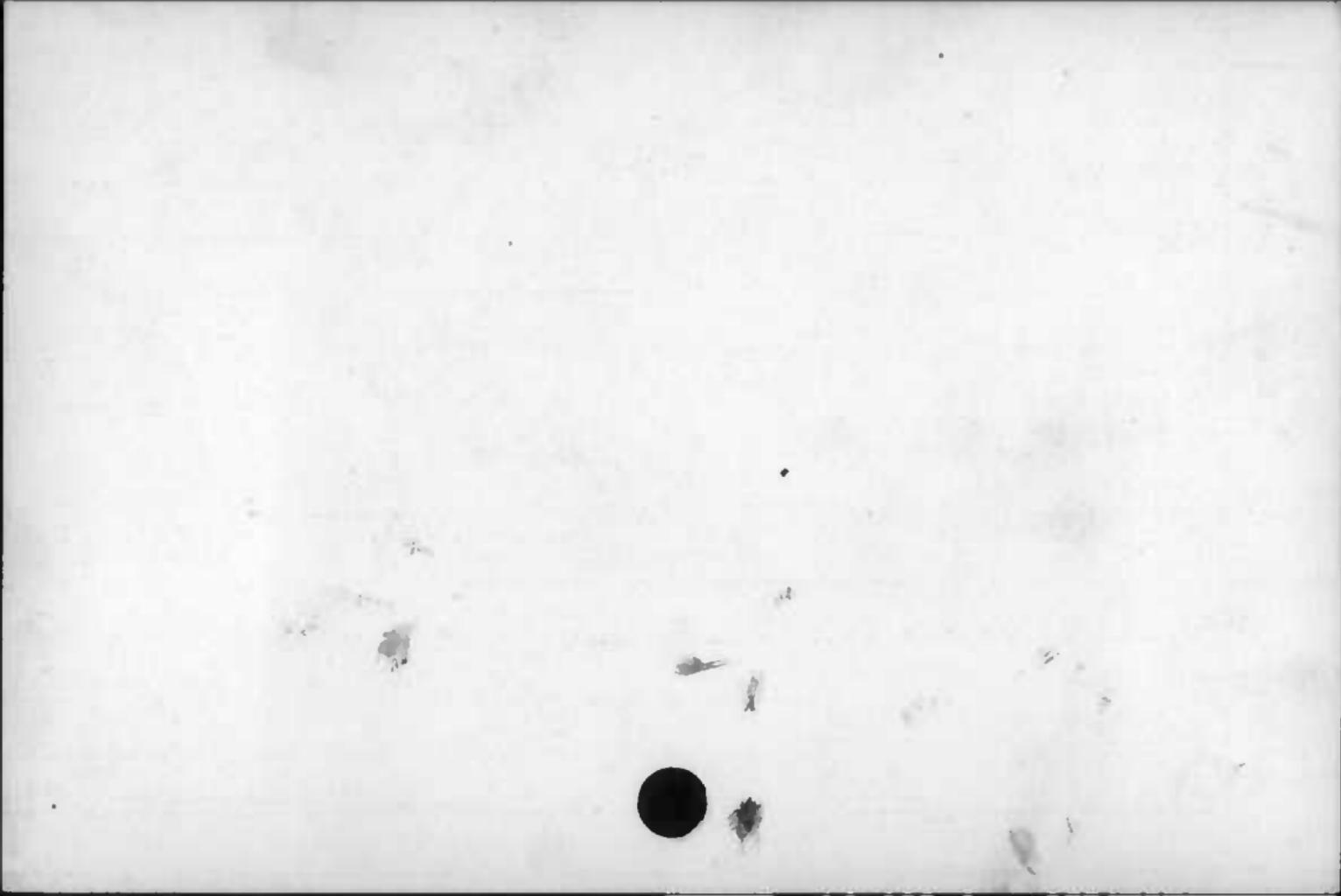
Signature of  
Physician

Address

R. R. Morris  
Parkton  
Md. 1

J

Accident or Suicide?



Name  
in  
Full

E Margaret Stamber  
Barney

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	83	6	1	
Occupation	Where Residing if not at place of death					
Married, Single Widowed	Name of Wife or Husband	Barney				
Father's Name	Nicholas Stamber					
Mother's Maiden Name	Europe					
Name of person giving information	Jacob Back					
	Unknown					
	Stathasim Rye					
CAUSES OF DEATH						
Primary	Senile Debility					
Immediate	Apoplexy					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long			
Yes.		Address	64 3 yrs			
			How long 3 days			
PHYSICIAN OR CORONER	George A. Long, M.D. Hammond					110, Mod 14

Accident or Suicide?

St. Michael

Name  
in  
Full

Thomas R. Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Pikesville	County	Baltimore	MARYLAND		
Date of death	Month	Day	Years	Months	Days		
Sex	Male	Color or Race	White	Birth-place	Dorchester Co Md		
Occupation	Where Residing if not at place of death					Pikesville	
Married, Single or Widowed	Married	Name of Wife or Husband	Do not Know				
Father's Name	Do not Know					Father's Birthplace	Do not Know
Mother's Maiden Name	Do not Know					Mother's Birthplace	Do not Know
Name of person giving information	T. H. Mathews					How related to deceased	None

CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary Smiley debility

How long  
several years

Immediate Gastritis

How long  
about 4 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

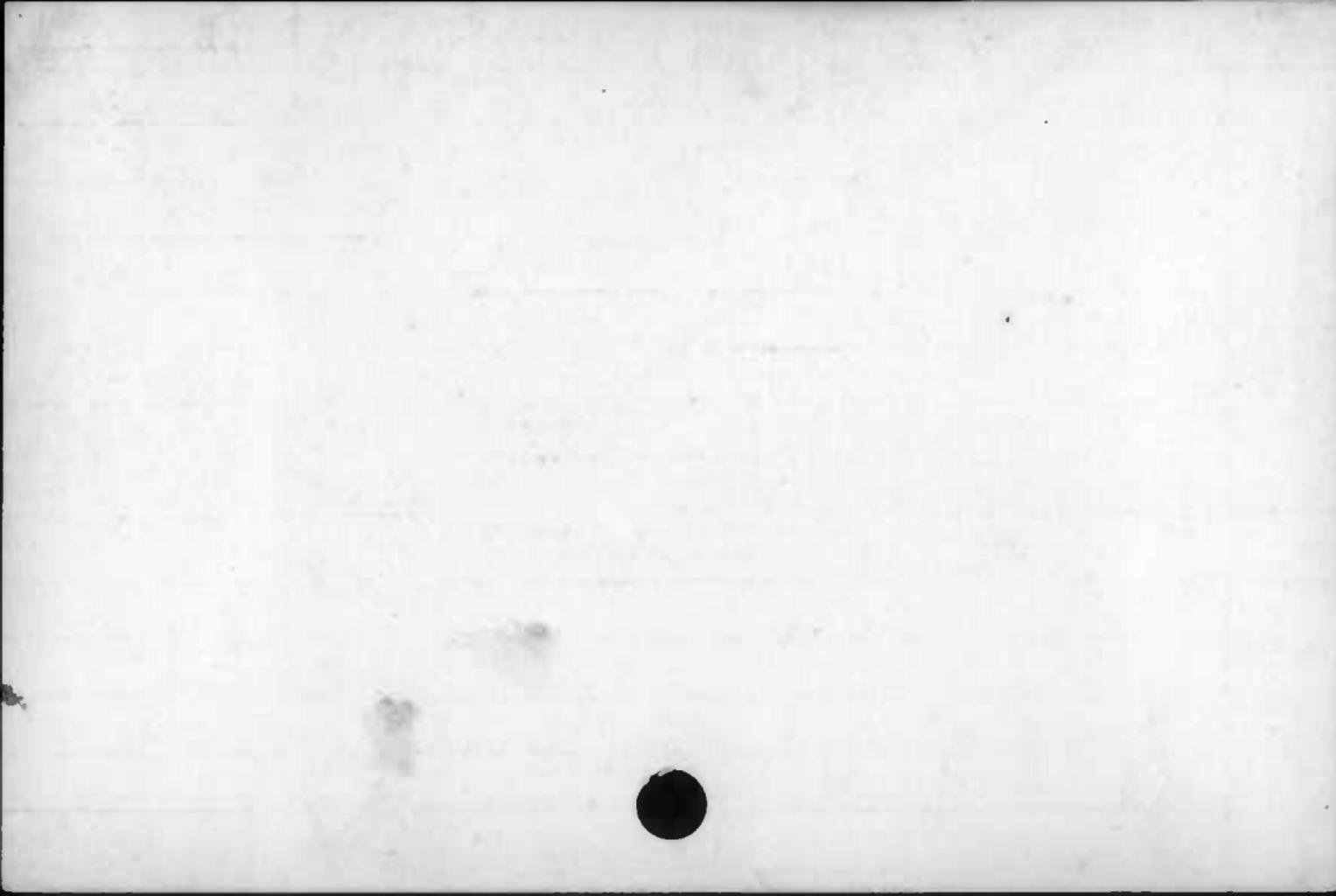
Signature of Physician

Address

Pesacureen Md  
M.C.M.

J

Accident or Suicide?



Name  
in  
Full

Margaret Stock

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Baltimore Co.
Occupation	None	Where Residing when a place of death	818 S. Third St		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Max Stock	Father's Birthplace	Germany		
Mother's Maiden Name	Gustie Kiefer	Mother's Birthplace	N.Y.		
Name of person giving information	Gustie Kieper	How related to deceased	Mother		

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary

Premature Birth

Hour long

5 1/2 Months

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J

Margot Lichtenberg  
Official 941 Lichtenberg

Accident or Suicide?

12

Sacred Heart Cemetery

Oct Nov 3<sup>rd</sup> 1908

Lilly and Zeiler  
Undertakers

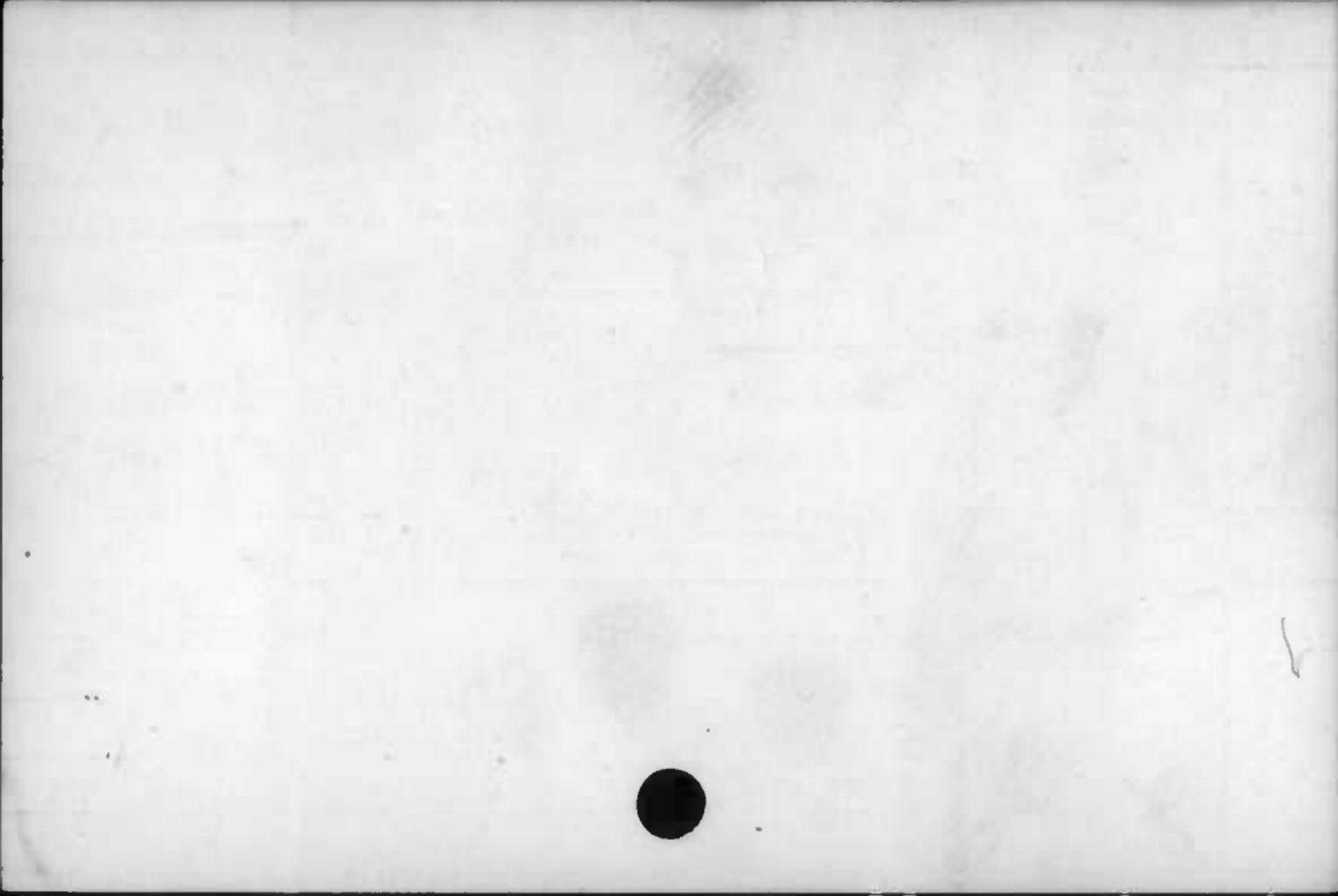
Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

<i>Ithouse</i>							
Died at	Town	County		MARYLAND			
Date of death	Month	Day	Years	Months	Days		
Sex	Male	Color or Race	White	Birth-place	Franklin Ave		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Mose B Struss			Father's Birthplace	Balti,		
Mother's Maiden Name	Blanche Gumpfmeier			Mother's Birthplace	Balti		
Name of person giving Information	Solomon Struss M.D.			How related to deceased	Uncle		
CAUSES OF DEATH							
Primary	Pneumonia Birth			151			
Immediate	Resuscitation			How long	5 1/2 mos		
Are the name, age, sex, color, date and place correctly given above?				How long	1 dy		
Signature of Physician				Address	H. W. Dohm		
Address				56 W. Budd St			
Accident or Suicide?				Balti 3			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Petrow Svetafar

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County			
St. Agnes Hospital		Baltimore.			
Date of death	Month	Day	Years	Months	Days
1908	Nov.	15 <sup>th</sup>	Age	26	-
Sex	Color or Race	Birth-place			
Male	White	Austro-Hungary			
Occupation	Where Residing if not at place of death				
Labores	St. Agnes Hospital				
Married, Single or Widowed	Name of Wife or Husband	—			
Single	—				
Father's Name	Unknown				
Mother's Maiden Name	Unknown				
Name of person giving information	Mrs. Cook				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid fever	
Immediate	Lobar pneumonia	
Are the name, age, sex, color, date and place correctly given above?		
Yes		
Address	Signature of Physician	
J	ST Sandrock	
Accident or Suicide?	St Agnes Hospital	

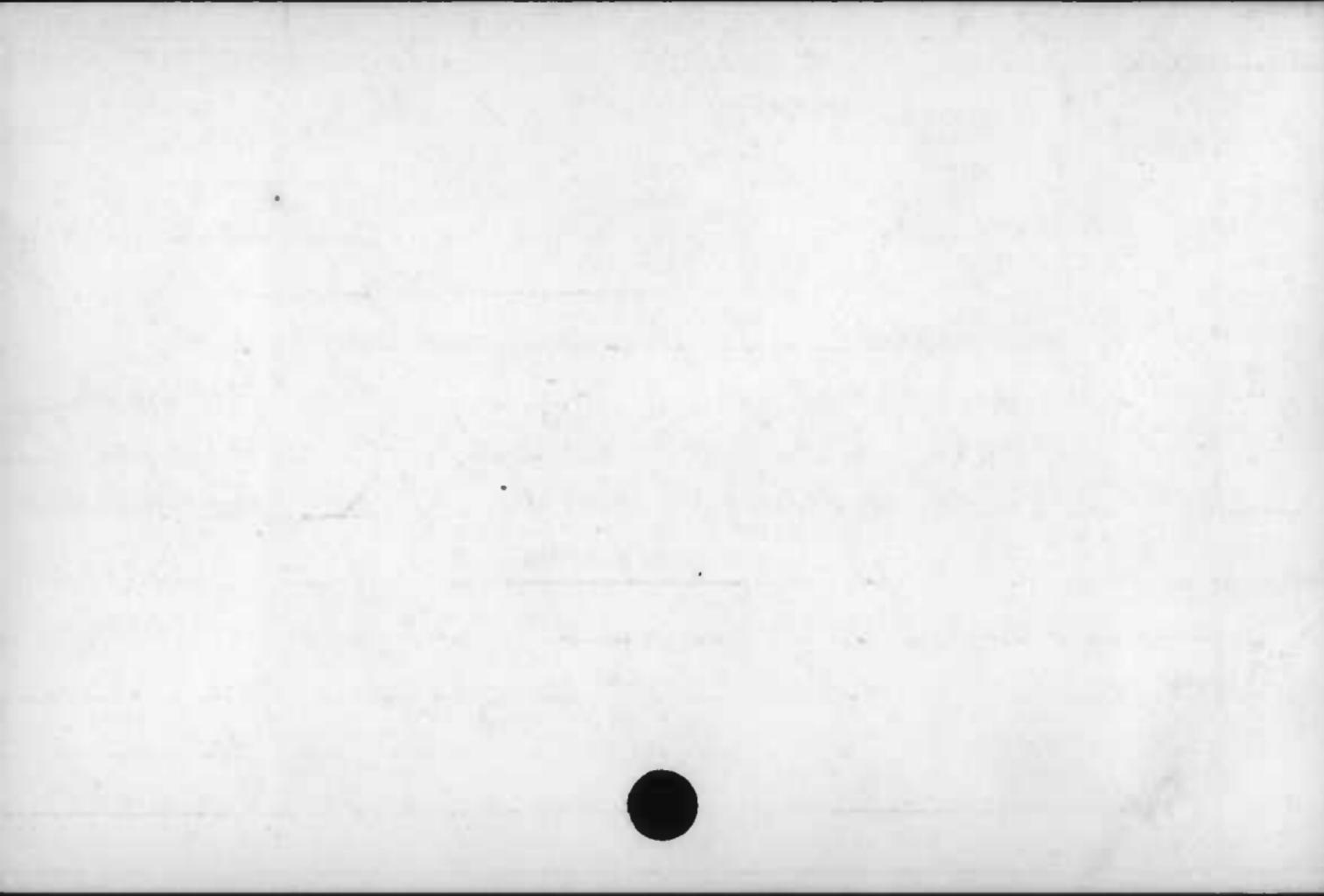
(1)

Handwriting

1 month

How long

6 days



Name  
in  
Full

Anna Swinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Canton Townefiel		County	Balto. Co	
Died at	Month	Day	Years	Months	Days
Date of death	1908 Nov.	2.	Age	46	
Sex	Female	Color or Race	white	Birth-place	Balto. Md
Occupation	Housewife		Where Residing if not at place of death	Husband	
Married, Single or Widowed	Married	Name of wife or Husband	Benjamin Swinson		
Father's Name	James Walker		Father's Birthplace	Island	
Mother's Maiden Name	Katherine Mc Williams		Mother's Birthplace	Island	
Name of person giving information	Husband		How related to deceased	Husband	

CAUSES OF DEATH

104

How long

2 hours

How long

4 hours

PHYSICIAN  
OR CORONER

Primary

Acute Indigestion

Immediate Cardiac Syncope

Are the name, age, sex, color, date and place correctly given above?

J

Accident or Suicide

Signature of Physician

Address

Yous D James  
3419 Elliott St

12

Holy Cross Cemetery  
Nov 5/08  
Tom Cook

Name  
in  
Full

Sarah Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Place		Baltimore	County		MARYLAND
Date of death	Month	Day	Age	Years	Months	Days
Sex	Color or Race		Grangetown			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Widow	Name of Wife or Husband	Isaac Taylor			
Father's Name	Unknown					
Mother's Maiden Name	Unknown					
Name of person giving information	Mary Johnson					
CAUSES OF DEATH						
Primary	Pneumonia					
Immediate	Cardiac failure					
How long						
93 hours						
How long						
Two days						

Are the name, age, sex, color, date and place correctly given above?

J

Accident or Suicide?

Signature of Physician

Address

Ruth E. Leffingwell  
424 - East 23rd  
Balt. Md.

9

Mt. Zion Cemetery

Governor Alex H. Hensley  
undertakers 578 W. Bidwell

Name  
in  
Full

Leonard B. Temple

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Spruce Point

County

Baltimore

MARYLAND

Date  
of death

Month

Day

Years

Months

Days

1908 Nov

22

Age

Sex

Male

Color or  
Race

White

Birth-  
place

7

8

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Baltimore Temple

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Mary C. Beans

Mother's  
Birthplace

Md

Name of person giving  
Information

Baltimore Temple

How related  
to deceased

Father

CAUSES OF DEATH

151

Primary

Pneumonia.

How long

7 mos.

Immediate

Inflammation

How long

9 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

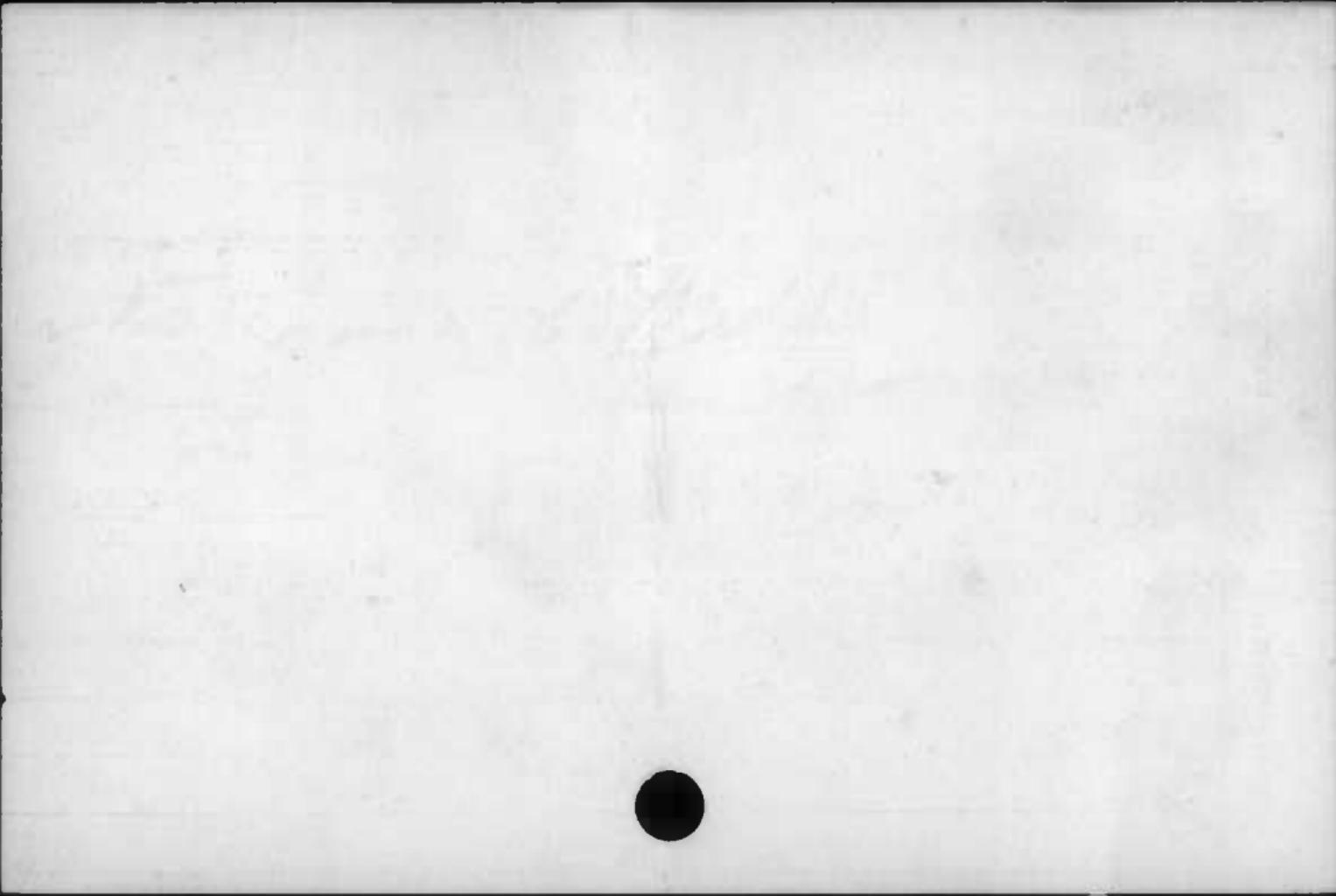
Address

Frank C. Eldred M.D.

Spruce Point  
Md. 15

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Honoria Adelade Todd

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	80	7 10
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Wm J. Todd,	Father's Birthplace	Ireland
Father's Name	John H. Irvin		Mother's Birthplace	Ireland
Mother's Maiden Name	Honoria Walsh		How related to deceased	Piece
Name of person giving information	Honoria Worthington	80		

PHYSICIAN  
OR CORONER

CAUSES OF DEATH	
Primary	Acute Bronchitis
Immediate	Angina Pectoris
Are the name, age, sex, color, date and place correctly given above?	
Yes	
Signature of Physician	
Address	
Accident or Suicide?	

99



Name  
in  
Full

Mary Upperco

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town <i>Fowblesburg</i>	County <i>Bucks</i>	MARYLAND		
Date of death	Month <i>1908</i>	Day <i>11</i>	Years <i>70</i>	Months <i>—</i>	Days <i>—</i>
Sex	<i>Female</i>	Color or Race <i>white</i>	Birth- place <i>Pa.</i>		
Occupation	<i>Retired farmer's wife</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>widow</i>	Name of Wife or Husband <i>Jesse Upperco</i>	Father's Birthplace <i>Pa.</i>		
Father's Name	<i>John Warren</i>		Mother's Birthplace <i>Pa.</i>		
Mother's Maiden Name	<i>Mary Weaver</i>		How related to deceased <i>Son-in-Law</i>		
Name of person giving Information	<i>W. J. Bill</i>				

CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary

*Cancer of Stomach*

How long

*two years*

Immediate

*Anemia*

How long

*3 mo*

Are the name, age, sex, color, date  
and place correctly given above?

*yes*

Signature of  
Physician

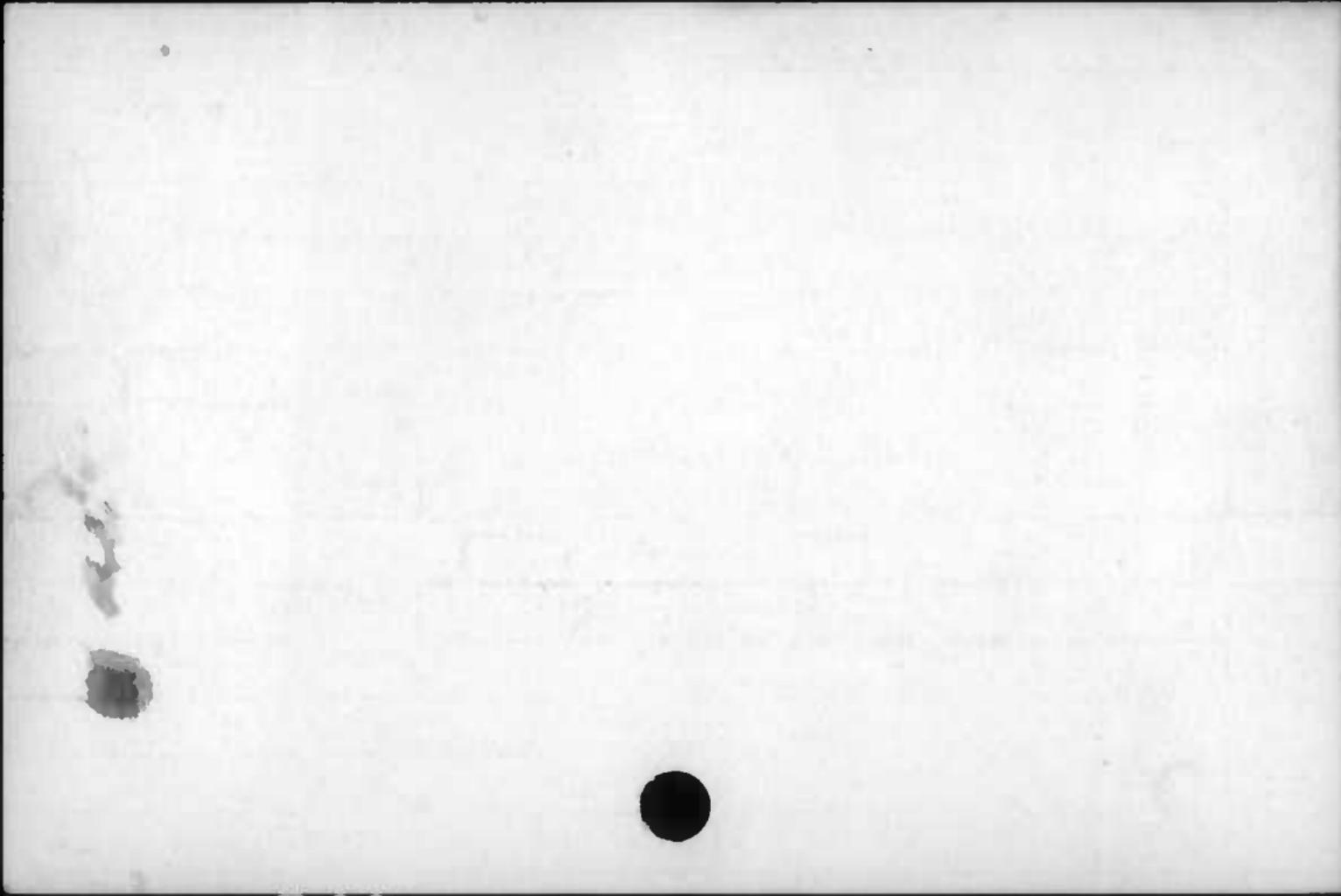
*Jas. H. Wilson*

Address

*Fowblesburg*

*Ind.*

Accident or Suicide?



Name  
in  
Full

Violet Veith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Highlandtown		Balto.			
Date of death	Month	Day	Years	Months	Days
1908	Nov.	22	11	11	
Sex	Female	Color or Race	white	Birth- place	Baltimore
Occupation	—		Where Residing if not at place of death	—	
Married, Single or Widowed	Single	Name of Wife or Husband	—		
Father's Name	Eugene Keith		Father's Birthplace	Germany	
Mother's Maiden Name	Louisa Mather		Mother's Birthplace	Baltimore	
Name of person giving Information	Eugene Keith		How related to deceased	Father	

CAUSES OF DEATH

47

PHYSICIAN  
OR CORONER

Primary

Acute Endocarditis - (Ahematic)

How long

3 wks.

Immediate

Pulmonary Pneumonia - Acute -

How long

3 days -

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Jasper Wood

125 Potr -

Accident or Suicide?

J

H. Sandh Y Sosa

Int. Canal Comittee  
Jan. 24<sup>th</sup> 1908 R.

W. B. Lester

Name  
in  
Full

Amanda P. Malters

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Edmundson & Firstaves		County	MARYLAND
Date of death 190	Month Nov	Day 2	Years 61
Sex Female	Color or Race white	Birth-place Baltimore.	
Occupation None	Where Residing if not at place of death		
Married, Single or Widowed Married	Name of Wife or Husband Dr. T. S. Malters		
Father's Name Stephen D. Grattlin	Father's Birthplace Baltimore		
Mother's Maiden Name Sarah B. Phillips	Mother's Birthplace Rhode Island		
Name of person giving Information Mrs. S. Grattlin	How related to deceased Son		

CAUSES OF DEATH

64

How long

3 days.

How long

Primary

Cerebral Hemorrhage

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

E. H. Holbrook, M.D.

Address

728 N. Carey St.

Accident or Suicide?

G.F. Waller  
London Park  
Nov. 3<sup>rd</sup> 1908

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Mary Mattiess

Town

County

MARYLAND

Died at

Lewes

Balto.

Date  
of death 1908Month  
Nov.Day  
21Years  
78Months  
—Days  
—

Age

Sex

Female

Color or  
Race  
(Col)Birth-  
place  
Md.

Occupation

Housewife

Where Residing if not  
at place of death

Lewes

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Thomas Mattiess

Father's  
Name

Metcour

Father's  
Birthplace

Metcour

Mother's  
Maiden Name

Mrs. Lewes

Mother's  
Birthplace

Metcour

Name of person giving  
Information

James H. Smith

How related  
to deceased

Son-in-law

## CAUSES OF DEATH

78

How long

Primary

Endocarditis

18 Months

Immediate

Cardiac Paralysis

About 3 Minuts

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. G. Green Jr. A.D.  
Lewes, Md. 9PHYSICIAN  
OR CORONER

Accident or Suicide?

No.

Robert Elliott

Rogers Ave.

Society Cemetery

Thomas Watkins

Sexton

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

William E Weaver

Town

County

Died at

Orangeville

Baltimore

MARYLAND

Date  
of death

1908

Month

Mar

Day the

6

Year

62

Months

-

Days

-

Sex

Male

Color or  
Race

white

Birth-  
place

Maryland

Occupation

R.R. Section Foreman

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Maire Luisa Weaver

Father's  
Name

David Weaver

Father's  
Birthplace

Md

Mother's  
Maiden Name

Sonisa Titts

Mother's  
Birthplace

Md

Name of person giving  
Information

Bertha Blair Weaver

How related  
to deceased

Daughter

## CAUSES OF DEATH

64

How long

1 year

How long

Primary

Apolgy Paralysis

Immediate

Exhausion

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Dr J B Weiler

Box 6 Rosedburg Md

PHYSICIAN  
OR CORONER

Accident or Suicide

no

Robt. Turner

slimmin Run

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH					
Died at <u>Charles Heitz</u> <u>Schuster Ridge</u>		Town	County <u>Baltimore Co</u>	MARYLAND	
Date of death <u>1908</u>	Month <u>Nov</u>	Day <u>19</u>	Age <u>69</u>	Years	Months <u>9</u> Days <u>13</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Germany</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Unknown</u>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Conrad Heitz</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Katharin Schlaib</u>	Mother's Birthplace <u>Germany</u>				
Name of person giving information <u>Frank Heitz</u>	How related to deceased <u>Son</u>				
CAUSES OF DEATH					
Primary	<u>Influenza</u>				
Immediate	<u>Cerebral Hemorrhage</u>				
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>George Benson</u>		
		Address	<u>Gwynedd</u> <u>Buckysville</u> <u>Md</u>		
Accident or Suicide?	<u>No</u>				

Funeral at 10 Paul  
Yelkowich church Sun  
Sep 22

W. C. Brooks

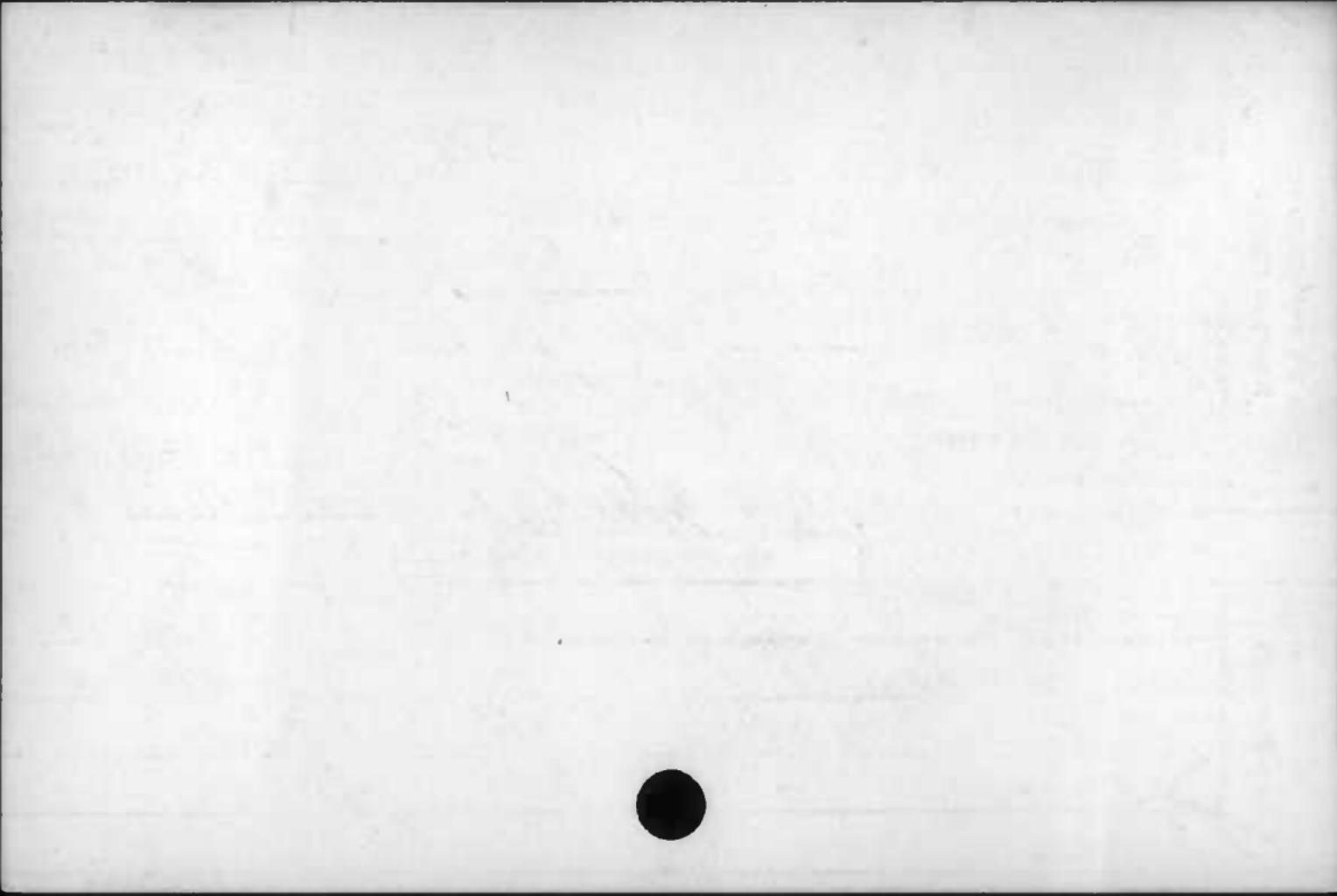
Name  
in  
Full

Annelis Westphal

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Pf. Agnes Hospital	Baltimore	Months	Days	
Date of death	Month	Day	Years	Age	
1908 Nov.	Nov.	25	41	41	
Sex	Female	Color or Race	White	Birth-Place	Germany
Occupation	House work	Where Residing if not at place of death	Pf. Agnes Hospital		
Married, Single or Widowed	Married	Name of Wife or Husband	Hermann Westphal		
Father's Name	Hermann Affeldt	Father's Birthplace	Germany		
Mother's Maiden Name	Nottie Scherbeck	Mother's Birthplace	Germany		
Name of person giving Information	Rudolph Affeldt	How related to deceased	Brother		
CAUSES OF DEATH					
Primary	Cirrhosis of Liver			How long	2 months
Immediate	Uraemic			How long	2 days
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
J			EP Sandrock		
			Address		
			Pf. Agnes Hospital		
Accident or Suicide?					



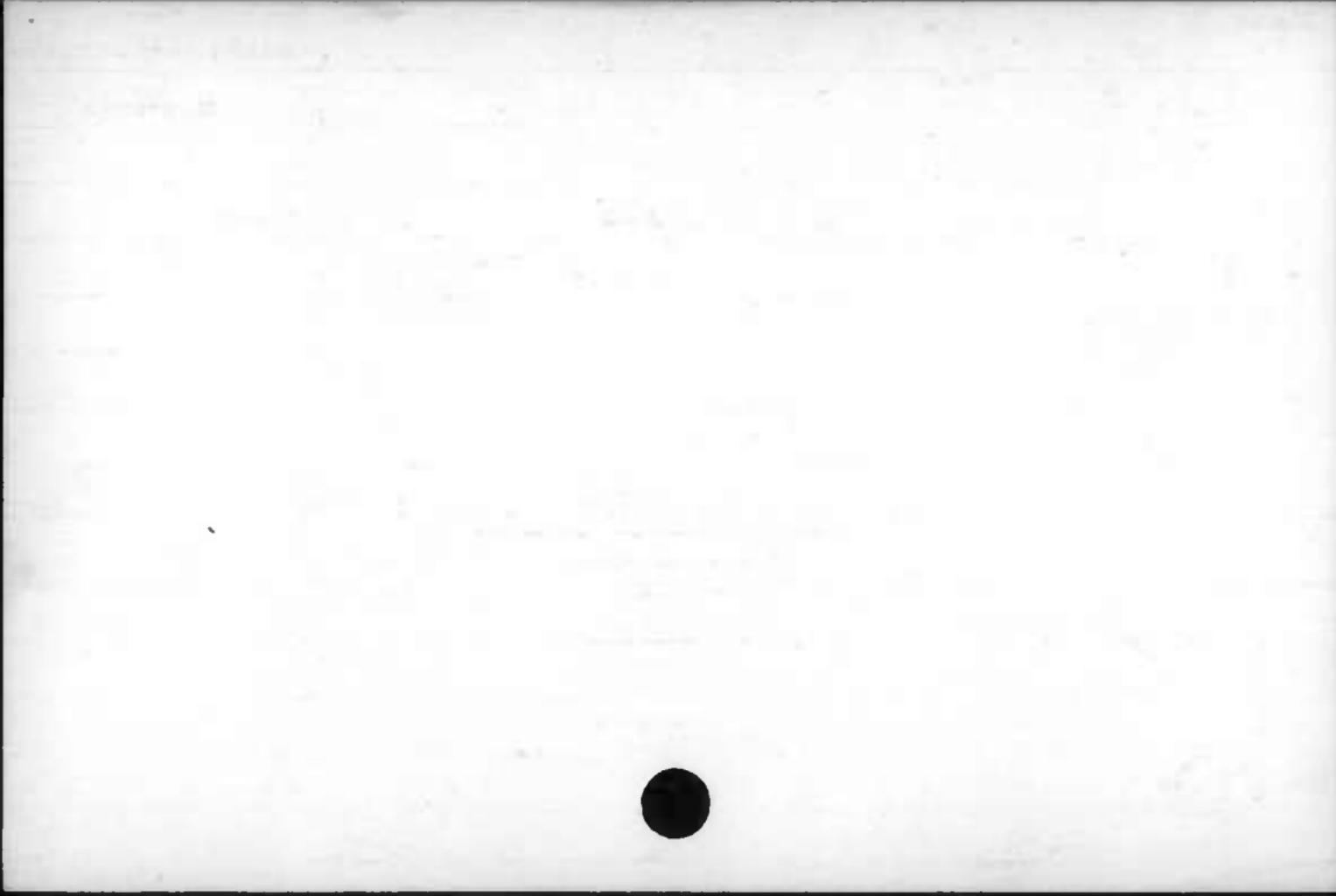
Name  
in  
Full

Thomas J. Wilenwitz

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County				
Died at Rossloss home	Baltimore			MARYLAND	
Date of death 1908	Month Nov.	Day 26	Years 69	Months —	Days —
Sex Male	Color or Race white	Birth-place Baltimore			
Occupation Shoemaker	Where Residing if not at place of death				
Married, Single or Widowed Widower	Name of Wife or Husband unknown				
Father's Name —	unknown	Father's Birthplace unknown			
Mother's Maiden Name —	unknown	Mother's Birthplace unknown			
Name of person giving information	Wilbert L. Adams	How related to deceased Son in Law			
CAUSES OF DEATH					
Primary	Paralysis			How long 66	
Immediate	Styphnolathis Angione of lungs			How long 5 days	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Address	
PHYSICIAN OR CORONER	Dr. M. Slade			Registers home not	
Accident or Suicide				↓	



Name  
in  
Full

Henry Wick

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Md.
Occupation	Where Residing <del>at time of death</del> at place of death 1010 Bouldin St.				
Married, Single or Widowed	—	Name of Wife or Husband	—		
Father's Name	Charles Wick		Father's Birthplace	Md.	
Mother's Maiden Name	Susanna Nackel		Mother's Birthplace	..	
Name of person giving information	“	“	How related to deceased	Mother	

CAUSES OF DEATH

105

Primary	Gastro-enteritis	How long	about a month
Immediate	Inocardium	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Albertus Collas
J		Address	1828 E. Balt St
Accident or Suicide?	no		

Zukler & Zukler  
1739 E. Eager St.

---

Mr. Carmel Gem,

Nov. 5-1908

Name  
in  
Full

Ephraim Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died st

Town

County

MARYLAND

Date  
of death

Month

Day

Year

Months

Days

1908

11

27

Age

77

0

0

Sex

Male

Color or  
Race

White

Birth-  
place

6th Dist Baltimore

Occupation

Farmer

Where Reiding if not  
at place of death

Married, Single  
or Widowed

Widower

Name of Wife or  
Husband

Susan Stalter

Father's  
Birthplace

Unknown

Father's  
Name

Unknown

Mother's  
Birthplace

Unknown

Mother's  
Maiden Name

Unknown

Name of person giving  
Information

Wesley Alben

How related  
to deceased

Son-in-law

CAUSES OF DEATH

98

How long

Primary

Chronic Pulmonary Emphysema

6 years

Immediate

Asthma

3 days

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

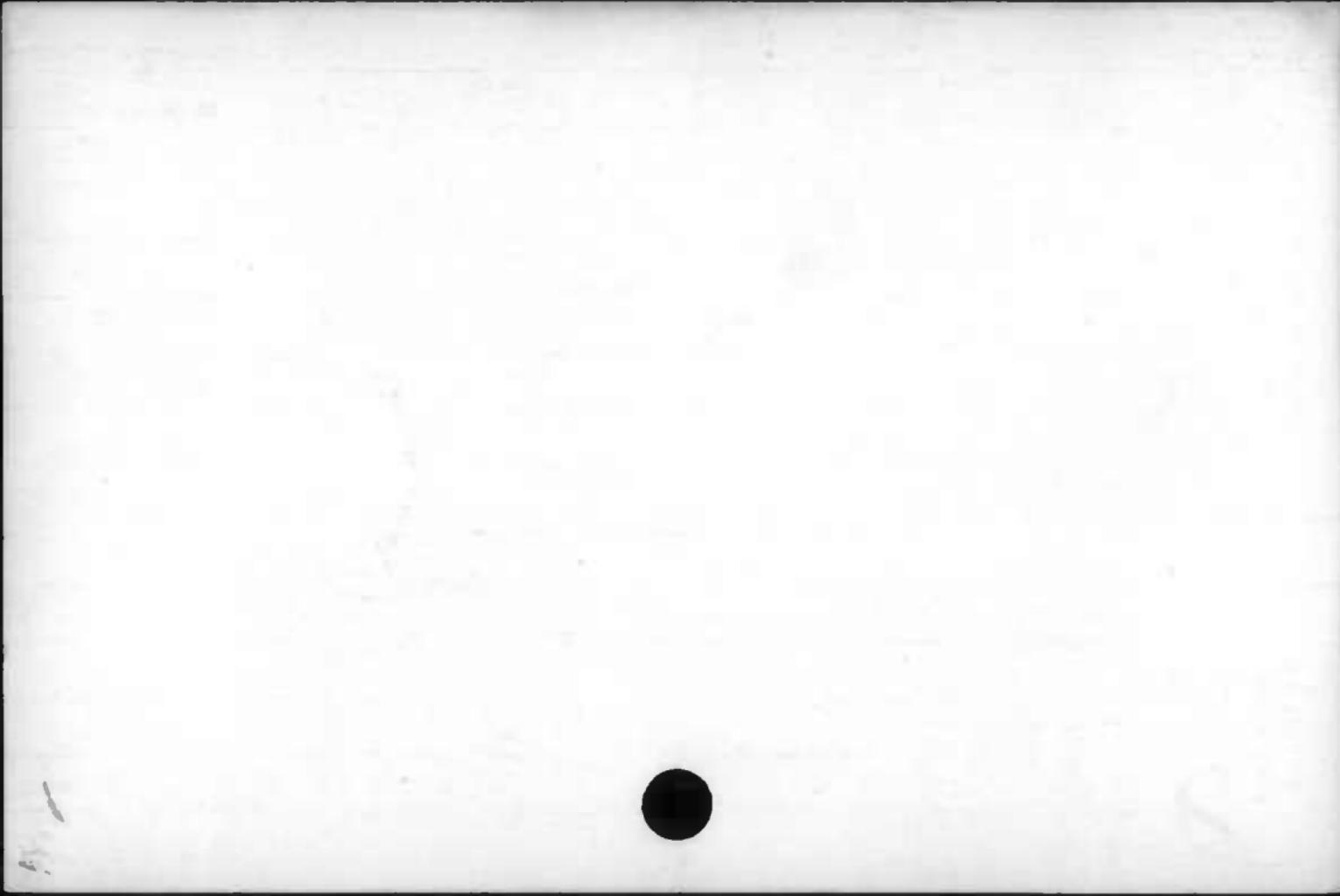
yes

Signature of  
Physician

Address

E. H. Leyde, M.D.  
Parkton

Accident or Suicide



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Unknown

Town  
Pikesville

County  
Baltimore

CERTIFICATE OF DEATH

MARYLAND

Died at	Date of death	Month	Day	Years	Months	Days	
	1908	11	20	Do not know	—	—	
Sex	Male	Color or Race	White	Birth-place	Do not know		
Occupation	Vagrant	Where Residing if not at place of death Pikesville					
Married, Single or Widowed	Do not know	Name of Wife or Husband	Do not know				
Father's Name	Do not know					Father's Birthplace	Do not know
Mother's Maiden Name	Do not know					Mother's Birthplace	Do not know
Name of person giving Information	J St Kraft					How related to deceased	None

CAUSES OF DEATH

179

How long

How long

Primary  
Natural Causes

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

William J. Loghlan  
acting Coroner  
Pikeville  
Baldwin MD

Accident or Suicide?

